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ISSUES INDEX

The ISSUES INDEX supplements the most recently published quarterly Cumulative Index (CI) and Sections Affected Index (SAI) (October 13, 1995, Vol. 19, Issue #41). The annual CI and SAI will be published January 12, 1996 (Vol. 20, Issue #2)

Rules are listed by Title, Part and Issue Numbers. The ISSUES INDEX appears at the end of each issue of the ***Illinois Register***.

Inquiries about the ISSUES INDEX may be directed to the Administrative Code Division at 217-782-7017 or the Internet address: jnatale@ccgate.sos.state.il.us

INTRODUCTION

The *Illinois Register* is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. The Register also contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current Register volume year and a Sections Affected Index listing by Title each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume year. Both indices are action coded and are designed to aid the public in monitoring rules.

Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State statute; and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies; is also published in the Register.

The Register is a weekly update to the *Illinois Administrative Code* (a compilation of the rules adopted by State agencies). The most recent edition of the Code along with the Register comprise the most current accounting of State agencies' rules.

The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1 et seq.].

REGISTER PUBLICATION SCHEDULE 1995

Material Rec'd after 12:00 p.m. on:	And before 12:00 p.m. on:	Will be in Issue #:	Published on:	Material Rec'd after 12:00 p.m. on:	And before 12:00 p.m. on:	Will be in Issue #:	Published on:
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Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday *(the day before).*

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State of Illinois
October 1995 – 760 – GA-0385

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Life Insurance Solicitation

2) Code Citation: 50 Ill. Adm. Code 930

3) Section Numbers: Proposed Action:

Exhibit A Amended

4) Statutory Authority: Implementing Article XXVI and authorized by Sections 401 and 421 of the Illinois Insurance Code [215 ILCS 5/Art. XXVI and 401 and 421].

5) A Complete Description of the Subjects and Issues Involved: The Department is amending Exhibit A to delete item 7. Item 7 of Exhibit A is obsolete. The Department does not collect cost index data for summarization, nor does it provide such information to public libraries.

6) Will this proposed Amendment replace emergency rule currently in effect? No

7) Does this amendment contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This amendment will not necessitate that the Department establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Glen Gasiorek, Staff Attorney
Department of Insurance
100 West Randolph St.
Suite 15-100
Chicago, IL 60601
(312) 814-2435

(or)

Mary Meyer, Paralegal
Department of Insurance
320 West Washington
Springfield, IL 62767
(217) 785-8220

12) Initial Regulatory Flexibility Analysis: The Department has determined that this amendment will not impact small businesses.

13) Regulatory Agenda on which this amendment was summarized: July 1995

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The full text of the Proposed Amendment begins on the next page:

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER ii: INSURANCE PRODUCERS, LIMITED INSURANCE REPRESENTATIVES AND REGISTERED FIRMS

PART 930
LIFE INSURANCE SOLICITATION

Section
930.10 Authority
930.20 Purpose
930.30 Scope
930.40 Definitions
930.50 Disclosure Requirements
930.60 Preneed Funeral Contracts or Prearrangements
930.70 General Rules (Renumbered)
930.80 Life Insurance Buyer's Guide, Language and Content (Renumbered)
930.90 Failure to Comply (Renumbered)
EXHIBIT A Life Insurance Buyer's Guide

AUTHORITY: Implementing Article XXVI and authorized by Sections 401 and 421 of the Illinois Insurance Code [215 ILCS 5/Art. XXVI and 401 and 421].

SOURCE: Adopted at 4 Ill. Reg. 15, p. 177, effective July 1, 1980; codified at 7 Ill. Reg. 2364; amended at 14 Ill. Reg. 13594, effective August 14, 1990; amended at 15 Ill. Reg. 18162, effective December 9, 1991; amended at 19 Ill. Ill. Reg. _____, effective _____.

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Section 930.EXHIBIT A Life Insurance Buyer's Guide
(The face page of the Buyer's Guide shall read as follows)

LIFE INSURANCE BUYER'S GUIDE

This guide can show you how to save money when you shop for life insurance. It helps you to:

- Decide how much life insurance you should buy.
- Decide what kind of life insurance policy you need, and
- Compare the relative cost of similar life insurance policies.

This guide has been prepared by the Illinois Department of Insurance, in part using materials developed by National Association of Insurance Commissioners.

(The following language shall appear at the bottom of page 2)

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various State Insurance Departments to coordinate insurance laws for the benefit of all consumers. You are urged to use this Guide in making a life insurance purchase.

THIS GUIDE DOES NOT ENDORSE ANY COMPANY OR POLICY

(The remaining text of the Buyer's Guide shall begin on page 3 as follows)

Buying Life Insurance

When you buy life insurance, you want a policy which fits your needs without costing too much. Your first step is to decide how much you need, how much you can afford to pay and the kind of policy you want. Then, find out what various companies charge for that kind of policy. You can find important differences in the cost of life insurance by using the life insurance cost indexes which are described in this guide. A good life insurance agent or company will be able and willing to help you with each of these shopping steps.

If you are going to make a good choice when you buy life insurance, you need to understand which kinds are available. If one kind does not seem to fit your needs, ask about the other kinds which are described in this guide. If you feel that you need more information than is given here, you may want to check with a life insurance agent or company or books on life insurance in your public library. Life insurance can be bought either on an individual basis or on a group basis. Group insurance may be inexpensive when compared to individual insurance. It is important to remember that insurance purchased on this basis is usually term insurance, and hence will not develop cash values, and is dependent on your continued membership in the group or employment. Also, the amount of insurance that is available for purchase is usually

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limited.

Choosing the Amount

One way to decide how much life insurance you need is to figure how much cash and income your dependents would need if you were to die. Life insurance can provide cash for last expenses, and income for you family's future living expenses.

Your insurance should come as close as you can afford to make up the difference between (1) what your dependents would have if you were to die now, and (2) what they would actually need at some time in the future when needs change.

Choosing the Right Kind

All life insurance policies agree to pay an amount of money if you die. But all policies are not the same. There are three basic kinds of life insurance.

1. Term insurance

2. Whole life insurance

3. Endowment insurance

The kind of life insurance you purchase is dependent on the need you are trying to satisfy. Some needs are temporary, i.e. do not exist throughout your life, while other needs are permanent. As an example, the need to finance your children's education is a temporary need. The need to meet mortgage payments is also a temporary need since it exists only while the mortgage exists. On the other hand, the financial needs of your family after your death is a permanent need.

Remember, no matter how fancy the policy title or sales presentation might appear, all life insurance policies contain one or more of the three basic kinds. If you are confused about a policy that sounds complicated, ask the agent or company if it combines more than one kind of life insurance. The following is a brief description of the three basic kinds:

Term Insurance

Term insurance is death protection for a "term" of one or more years. Death benefits will be paid only if you die within that term of years. Term insurance generally provides the largest immediate death protection for your premium dollar.

Some term insurance policies are "renewable" for one or more additional terms even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. You should check the premiums at older ages and

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the length of time the policy can be continued.

Some term insurance policies are also "convertible." This means that before the end of the conversion period, you may trade the term policy for a whole life or endowment insurance policy even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Whole Life Insurance

Whole life insurance gives death protection for as long as you live. The most common type is called "straight life" or "ordinary life" insurance, for which you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term insurance policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Although you pay higher premiums, to begin with, for whole life insurance than for term insurance, whole life insurance policies develop "cash values" which you may have if you stop paying premiums. You can generally either take the cash, or use it to buy some continuing insurance protection. Technically speaking, these values are called "nonforfeiture benefits." This refers to benefits you do not lose (or "forfeit") when you stop paying premiums. The amount of these benefits depends on the kind of policy you have, its size, and how long you have owned it.

A policy with cash values may also be used as collateral for a loan. If you borrow from the life insurance company, the rate of interest is shown in your policy. Any money which you owe on a policy loan would be deducted from the benefits if you were to die, or from the cash value if you were to stop paying premiums.

Endowment Insurance

An endowment insurance policy pays a sum or income to you - the policyholder- if you live to a certain age. If you were to die before then, the death benefit would be paid to your beneficiary. Premiums and cash values for endowment insurance are higher than for the same amount of whole life insurance. Thus endowment insurance gives you the least amount of death protection for your premium dollar.

Finding a Low Cost Policy

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After you have decided which kind of life insurance fits your needs, look for a good buy. YOUR CHANGES OF FINDING A GOOD BUY ARE BETTER IF YOU USE TWO TYPES OF INDEX NUMBERS THAT HAVE BEEN DEVELOPED TO AID INSHOPPING FOR LIFE INSURANCE. One is called the "Surrender Cost Index" and the other is the "Net Payment Cost Index." It will be worth your time to try to understand how these indexes are used, but in any event, use them ONLY for comparing the relative costs of similar policies. LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.

What is cost?

"Cost" is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the death protection is the premium. If you pay a premium and get something back later on, such as a cash value, your cost is smaller than the premium.
The cost of some policies can also be reduced by dividends; these are called "participating" policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some policies do not pay dividends. These are called "guaranteed cost" or "non-participating" policies. Every feature of a guaranteed cost policy is fixed so that you know in advance what your future cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not. Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

What Are Cost Indexes?

In order to compare the cost of policies, you need to look at:

1. Premiums

2. Cash Values

3. Dividends

Cost indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add up the premiums you will pay and to subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract, multiply and divide many numbers yourself, you just compare the index numbers which you can get from life insurance agents and companies:

1. Life Insurance Surrender Cost Index. This index is useful if you consider the level of the cash values to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.

2. Life Insurance Net Payment Cost Index. This index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the Equivalent Level Annual Dividend. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy's Equivalent Level Annual Dividend to its cost index allows you to compare total costs of similar policies before deducting dividends. However, if you make any cost comparisons of a participating policy with a non-participating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the non-participating policy will not change.

How Do I Use Cost Indexes?

The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

(1) Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.

(2) Compare index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all types of insurance at all ages and for all amounts of insurance, it is important that you get the indexes for the actual policy, age and amount which you intend to buy. Just because a "Shopper's Guide" tells you that one company's policy is a good buy for a particular age and amount, you should not assume that all of that company's policies are equally good buys.

(3) Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its agent. Therefore, when you find small differences in cost indexes, your choice should be based on

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something other than cost.

(4) In any event, you will need other information on which to base your purchase decision. BE SURE YOU CAN AFFORD THE PREMIUMS, AND THAT YOU UNDERSTAND ITS ASH VALUES, DIVIDENDS AND DEATH BENEFITS. You should also make a judgement on how well the life insurance company or agent will provide service in the future, to you as a policyholder.

(5) These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned for awhile, in favor of a new one. If such a replacement is suggested, you should ask for information from the company which issued the old policy before you take action.

(6) An important fact to note is the difference in premium payments paid during one year's time based on an annual premium versus the annualized periodic premium. For example, if you choose to pay premiums on a monthly basis, the annualized periodic premium would be twelve (12) times the monthly premium. There may be a significant difference between the annualized periodic premium and the annual premium and it should be considered when deciding on a payment schedule.

~~(7) In order to assist you in comparing cost indexes for similar policies from many life insurance companies, the Illinois Insurance Department will collect cost index data for a variety of different types of policies, issue ages and face amounts. This information will be summarized and displayed in a yardstick format. This information along with explanatory information will be available at your local public library starting July 1, 1980. Periodic updates will be made in order to keep the yardsticks as current as possible.~~

Important Things to Remember - A Summary

The first decision you must make when buying a life insurance policy is choosing a policy whose benefits and premiums most closely meet your needs and ability to pay. Next, find a policy which is also a relatively good buy. If you compare Surrender Cost Indexes and Net Payment Cost Indexes of similar competing policies, your chances of finding a relatively good buy will be better than if you do not shop. REMEMBER, LOOK FOR POLICIES WITH LOWER COST INDEX NUMBERS. A good life insurance agent can help you to choose the amount of life insurance and kind of policy you want and will give you cost indexes so that you can make cost comparisons of similar policies. DON'T BUY LIFE INSURANCE UNLESS YOU INTEND TO STICK WITH IT. A policy which is a good buy when held for 20 years can be very costly if you quit during the early years of

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the policy. If you surrender such a policy during the first few years, you may get little or nothing back and much of your premium may have been used for company expenses.

Read your new policy carefully, and ask the agent or company for an explanation of anything you do not understand. Whatever you decide now, it is important to review your life insurance program every few years to keep up with changes in your income and responsibilities.

(Source: Amended at 19 Ill. Reg. _____, effective _____)

DEPARTMENT OF NUCLEAR SAFETY

NOTICE OF PROPOSED RULES

1) Heading of the Part: Access to Facilities for Treatment, Storage, or Disposal of Low-Level Radioactive Waste

2) Code Citation: 32 Ill. Adm. Code 609

3)

Section Number:	Proposed Action:
609.10	New Section
609.20	New Section
609.30	New Section
609.40	New Section
609.50	New Section
609.60	New Section
609.65	New Section
609.70	New Section
609.80	New Section
609.90	New Section
609.100	New Section
Appendix A	New Section
TABLE A-1	New Section
TABLE A-2	New Section

4) Statutory Authority: Implementing and authorized by the Illinois Low-Level Radioactive Waste Management Act [420 ILCS 20/8 and 9], the Central Midwest Low-Level Radioactive Waste Compact Act [45 ILCS 140], the Radioactive Waste Compact Enforcement Act [45 ILCS 141] and the federal Low-Level Radioactive Waste Policy Amendments Act of 1985 (P.L. 99-240).

5) A Complete Description of the Subjects and Issues Involved: The Department is proposing this rule to establish a system for the regulation of the use of facilities in the State of Illinois to: (a) collect, store, treat or dispose of low-level radioactive waste; (b) maintain a data base as to the location of all waste in the State; and (c) implement some of the requirements, prohibitions and mandates of the Compact, the Radioactive Waste Enforcement Act and the Illinois Low-Level Radioactive Waste Management Act. This rule will also establish: (a) a system for monitoring and tracking shipments of low-level radioactive waste into, out of or within the State of Illinois for the purpose of tracking the points of origin of the shipments, as transported to the places of destination of the shipments; and (b) an enforcement and verification system for waste generated within the State. Further, this rule will apply to any generator, broker, owner or operator of any treatment or disposal facility, or to any person who sends low-level radioactive waste into, within or out of the State and to any facility which ships any low-level radioactive waste generated within the State.

6) Will this proposed rule replace an emergency rule currently in effect? No

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7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed rule contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: The requirements imposed by the proposed rulemaking are not expected to require local governments to establish, expand, or modify their activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of six months following publication of this notice. The Department will consider fully all written comments on this proposed rulemaking submitted during the six month comment period. Comments should be submitted to:

Thomas J. Carlisle
Senior Staff Attorney
Department of Nuclear Safety
1035 Outer Park Drive
Springfield, IL 62704
(217) 785-9884 (voice)
(217) 782-6133 (TDD)

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: The Department believes that these rules impose no direct impact on any small municipalities. However, certain not for profit corporations, such as hospitals where radioactive waste is generated, as well as small businesses such as some sealed source and device manufacturers and companies that provide radiochemical laboratory analysis of samples, would be subject to the reporting requirements of this proposed rule.

B) Reporting, bookkeeping or other procedures required for compliance: Section 609.40 of this rulemaking requires applicants to submit a written application for a permit to dispose of waste at a regional disposal facility. Section 609.60 sets out the special reporting requirements for sealed source and device manufacturers, radiopharmacies, nuclear laundries, radiopharmaceutical companies and spent fuel transportation cask maintenance and decontamination operations located within the State. Section 609.65 requires that the person sending a shipment of waste into, within or out of the State of Illinois shall provide the Transaction Reference Number issued by the Tracking System Operator (TSO) in writing to each person who

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transports that shipment of waste or accepts such shipment of waste. The person accepting a shipment of waste must report the receipt of the shipment to the Tracking System Operator (TSO) within 24 hours after arrival of the shipment of waste at a facility for which a Transaction Reference Number has been issued.

C) Types of professional skills necessary for compliance: No particular professional skills are necessary for compliance.

13) Regulatory Agenda on which this rulemaking was summarized: July 1995

The full text of the Proposed Rules begins on the next page:

DEPARTMENT OF NUCLEAR SAFETY

NOTICE OF PROPOSED RULES

TITLE 32: ENERGY
CHAPTER II: DEPARTMENT OF NUCLEAR SAFETY
SUBCHAPTER d: LOW LEVEL RADIOACTIVE WASTE/TRANSPORTATION

PART 609
ACCESS TO FACILITIES FOR TREATMENT, STORAGE, OR DISPOSAL OF LOW-LEVEL RADIOACTIVE WASTE

Section

AUTHORITY: Implementing and authorized by Sections 8 and 9 of the Illinois Low-Level Radioactive Waste Management Act [420 ILCS 20/8 and 9], the Central Midwest Low-Level Radioactive Waste Compact Act [45 ILCS 140], the Radioactive Waste Compact Enforcement Act [45 ILCS 141] and the federal Low-Level Radioactive Waste Policy Amendments Act of 1985 (P.L. 99-240).

SOURCE: Adopted at 19 Ill. Reg. _____, effective _____.

Section 609.10 Purpose and Applicability

a) This Part establishes one of the systems for the regulation of the use of facilities in the State of Illinois to:
   1) Collect, store, treat or dispose of low-level radioactive waste;
   2) Maintain a data base as to the location of all such waste in the State of Illinois; and
   3) Implement some of the requirements, prohibitions and mandates of the Compact, the Radioactive Waste Enforcement Act and the Illinois Low-Level Radioactive Waste Management Act.

b) This Part establishes a system for monitoring and tracking shipments of low-level radioactive waste into, out of or within the State of

Illinois for the purpose of tracking the points of origin of the shipments, as transported to the places of destination of the shipments.

c) This Part establishes an enforcement and verification system directed to the movements of low-level radioactive waste into, out of or within the State of Illinois and shipments containing low-level radioactive waste generated within the State of Illinois.

d) This Part applies to any generator, broker, owner or operator of any treatment or disposal facility, or to any person who sends low-level radioactive waste into, within or out of the State of Illinois and to any facility which ships any low-level radioactive waste generated within the State of Illinois.

e) This Part does not apply to:

1) Shipments of low-level radioactive waste that are sent or transported through the State of Illinois but do not originate in the State of Illinois and are not accepted for treatment, storage, collection or disposal at a location in the State of Illinois;

2) Naturally occurring radioactive materials, unless required to be licensed by the Department;

3) Radioactive materials exempt from licensing by the Department based upon regulatory or statutory determinations; and

4) Radioactive materials authorized for disposal under 32 Ill. Adm. Code 340.1030 and 340.1050.

f) This Part does not relieve any person from compliance with any other state, Commission or Federal requirements, including transport or licensing requirements, pertaining to the packaging, transportation, disposal, storage or delivery of low-level radioactive materials or wastes.

g) This Part does not relieve any person from compliance with any order, directive or rule of the Central Midwest Interstate Low-Level Radioactive Waste Commission, pursuant to its authority under the provisions of the Central Midwest Radioactive Waste Compact Act [45 ILCS 140].

Section 609.20 Definitions

Except where otherwise indicated, or where the context clearly requires a different definition, the following terms shall have the following meanings for purposes of this Part.

"Acceptance" means taking possession of Waste. Waste is not "accepted" for purposes of this Part, if it is delivered to a facility, and the owner or operator of the facility refuses to take possession and promptly so informs both the person sending the Waste and the Department's Tracking System Operator of such refusal.

"Broker" means any person who takes possession of low-level radioactive waste for purposes of consolidation and shipment. [420 ILCS 20/3]

"Carrier" means a person who transports Low-Level Radioactive Waste into, out of or within the State of Illinois.

"Commission" means the Central Midwest Interstate Low-Level Radioactive Waste Commission.

"Compact" means the Central Midwest Interstate Low-Level Radioactive Waste Compact.

"Consolidated Waste" means Waste from more than one generator that has been consolidated into a single shipment of Waste. However, separate containers of waste would not be classified as "consolidated waste".

"Department" means the Illinois Department of Nuclear Safety.

"Dispose" or "Disposal" means the isolation of waste from the biosphere in a permanent facility designed for that purpose. [45 ILCS 141/15]

"Facility" means a parcel of land or site, together with the structures, equipment and improvements on or appurtenant to the land or site, that is used or is being developed by the owners or operators for the generation, collection, treatment, storage or disposal of low-level radioactive waste. [45 ILCS 141/15]

"Generator" means any person who produces or possesses low-level radioactive waste in the course of or incident to manufacturing, power generation, processing, medical diagnosis and treatment, research, education or other activity. [420 ILCS 20/3]

"Low-Level Radioactive Waste" or "Waste" means radioactive waste not classified as (1) high-level radioactive waste, (2) transuranic waste, (3) spent nuclear fuel, or (4) by-product material as defined in Section 11e(2) of the Atomic Energy Act (42 USC 2021). This definition shall apply notwithstanding any declaration by the federal government or any state that any radioactive material is exempt from any regulatory control. [45 ILCS 141/15]

"Permit" means the license authority issued by the Department upon application which authorizes the person identified by that number to apply for a Transaction Reference Number from the Department to either send Waste to a facility for treatment, storage, consolidation or disposal or to receive Waste at a facility for treatment, storage, consolidation or disposal.

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"Person" means any individual, corporation, business enterprise or other legal entity, public or private and any legal successor, representative, agent or agency of that individual, corporation, business enterprise or legal entity. [45 ILCS 141/15]

"Region" means the geographical area of the State of Illinois and the Commonwealth of Kentucky. [45 ILCS 141/15]

"Regional Facility" means any facility as defined in the Radioactive Waste Compact Enforcement Act that is located in Illinois and established by Illinois pursuant to designation of Illinois as a host state by the Commission.

"Shipper" means a person, whether located within or outside of the Region that offers Waste for transportation into, within or out of the State of Illinois.

"Storage" means the temporary holding of radioactive material for treatment or disposal. [45 ILCS 141/15]

"Tracking System Operator" or "TSO" means the operator of the electronic data collection and transmission system which is used by the Department to track the movement of Waste into, out of and within the State of Illinois. These ministerial duties are performed under the direction and control of the Department.

"Transaction Reference Number" means a number issued by the TSO under this Part which authorizes a person to send Waste to a facility for treatment, storage, consolidation or disposal.

"Transport" means the movement of Waste into, within or out of the State of Illinois.

"Treatment" means any method, technique or process, including storage for radioactive decay, designed to change the physical, chemical, or biological characteristics of the radioactive material in order to render the radioactive material safe for transport or management, amenable to recovery, convertible to another usable material, or reduced in volume. [45 ILCS 141/15]

Section 609.30 Prohibited Activities

a) Unless the shipment of the Waste is specifically authorized under a Transaction Reference Number issued to a valid Permit holder, in accordance with this Part or unless the requirement for a Transaction Reference Number is exempted in accordance with the provisions of this Part, no person shall:
   1) Send Waste from any point located outside of the State of Illinois to any facility located within the State of Illinois, regardless of its origin.
   2) Send any Waste, regardless of origin, from within the State of Illinois to any facility in the State of Illinois.
   3) Accept at any facility in the State of Illinois any Waste from outside the Region, regardless of origin.
   4) Accept any Waste, regardless of origin, from within the State of Illinois at any facility in the State of Illinois.
   5) Deposit at any Regional Facility in the State of Illinois any Waste that is owned or generated by the United States Department of Energy, owned or generated by the United States Navy as a result of decommissioning of vessels of the United States Navy, or owned or generated as the result of any research, development, testing or production of any atomic weapon.
   6) Accept at any Regional Facility in the State of Illinois any Waste that is owned or generated by the United States Department of Energy, owned or generated by the United States Navy as a result of decommissioning of vessels of the United States Navy, or owned or generated as the result of any research, development, testing or production of any atomic weapon.
   7) Send any Waste from the State of Illinois outside the State of Illinois, other than Waste that is owned or generated by the United States Department of Energy, owned or generated by the United States Navy as a result of decommissioning of vessels of the United States Navy, or owned or generated as the result of any research, development, testing or production of any atomic weapon.
   8) Dispose of any Waste in the State of Illinois other than at a Regional Disposal Facility.

b) No person who provides as a service the arranging for the collection, transportation, treatment, storage or disposal of Waste from outside the Region shall dispose of any Waste, regardless of origin, at a facility in Illinois, unless specifically authorized by a valid Transaction Reference Number issued in accordance with this Part.

c) No person shall send to any facility in Illinois or accept at any facility in Illinois any Waste that has its place of origin the Disposal Facility located at Maxey Flats, Kentucky.

d) No generator, broker, facility or other person shall send or accept any Waste for which a Transaction Reference Number is required under this Part without complying with the requirements of this Part, including all Department Tracking System Operator notification requirements.

Section 609.40 Permit and Transaction Reference Number Requirements and Application Procedures

a) Any person who undertakes an activity for which a Transaction Reference Number is required under this Part must first apply to the

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Department for a Permit.

1) A person applying for a Permit shall submit the application to the Illinois Department of Nuclear Safety, 1035 Outer Park Drive, Springfield, Illinois 62704. The person shall provide to the Department at the time of the application the following information in writing, on paper bearing the name, current address and current telephone number of the person making the application and signed in ink by a person authorized to make the application:
   A) The name of a contact person for the applicant and the current address and phone number of that contact person if different from that of the applicant.
   B) The radioactive materials license number currently issued to the applicant and the name of the entity issuing the license.
   C) The name and location of the applicant's facility which would be recorded under any assigned Permit.
2) A person shall be eligible to receive a Permit only if the person is:
   A) A generator or broker registered by the Department under Section 4 of the Low-Level Radioactive Waste Management Act [420 ILCS 20/4];
   B) A facility licensed by the Department under Section 8 of the Low-Level Radioactive Waste Management Act [420 ILCS 20/8];
   C) A generator, broker, treatment facility or other person located outside of the State of Illinois. The out-of-state entity must be a party to an agreement with the Compact which is in effect on the date of the Permit application, or as otherwise authorized by the Commission. The agreement with the Compact must provide that Waste from the unaffiliated state or regional compact is currently permitted to be treated, stored or disposed of at a facility in the Region and that the Commission has not revoked the permission granted to such person, state or regional compact allowing these shipments;
   D) A generator, broker, treatment facility or other person located outside of the State of Illinois that is allowed to send Waste for treatment or storage in Illinois, pursuant to an agreement entered into by the Commission;
   E) A generator, broker, treatment facility or other person located outside of the State of Illinois that is allowed to send Waste for disposal in Illinois, pursuant to an agreement entered into by the Commission and approved by law in Illinois;
   F) A generator, broker, treatment facility or other person located in the Commonwealth of Kentucky; or
   G) A generator that is an agency of the United States government that is located in the Region.

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3) A generator applying for a Permit must certify to the Department in the written application for the Permit that it will make lawful and suitable arrangements for the final disposition of the Waste, or that it will retrieve and reclaim physical possession of such Waste in the event final disposition or storage has not been arranged.
4) Within 14 calendar days from the receipt by the Department of the application, the Department will issue, in writing, a Permit to an eligible applicant whose application complies with all of the relevant requirements of this Section. Denial by the Department of any application within this same time period shall also be in writing, citing the reason for such action.

b) Any person to whom the Department has issued a Permit may apply to the TSO for a Transaction Reference Number to undertake any one of the following activities:
   1) Send any Waste from outside the State of Illinois to any facility within the State of Illinois, so long as such Waste originated from the Commonwealth of Kentucky, or from an unaffiliated state or a regional compact which has a currently enforceable agreement with the Commission permitting such activity or as authorized by the Commission.
   2) Send to any regional facility in the State of Illinois any Waste that is owned or generated by the United States Department of Energy, owned or generated by the United States Navy as a result of decommissioning of vessels of the United States Navy, or owned or generated as the result of any research, development, testing or production of any atomic weapon, provided that the forwarding of any such Waste to a regional facility located in Illinois shall have received prior Commission approval.
   3) Send any Waste from the State of Illinois to a location outside of Illinois, provided that a Transaction Reference Number is not required to send Waste that is owned or generated by the United States Department of Energy, owned or generated by the United States Navy as a result of decommissioning of vessels of the United States Navy, or owned or generated as the result of any research, development, testing or production of any atomic weapon.
   4) Dispose of any Waste in the State of Illinois at a facility other than a Regional Disposal Facility, provided that any such disposal shall have received prior Commission approval.
   5) Send any Waste, regardless of origin, from the State of Illinois to any facility in the State of Illinois.
   6) Any other activities as mentioned in Section 609.30(a) of this Part.

c) Unless otherwise expressly provided for in this Part, a Transaction Reference Number shall be required for each shipment of Waste that a person sends into, within or out of the State of Illinois for collection, treatment, storage or disposal.

d) To apply for a Transaction Reference Number, an eligible person shall contact the TSO. The applicant shall provide the TSO with the information required by this Part. The Department shall have access to all of the required information generated from this application procedure.

e) A person applying for a Transaction Reference Number shall provide the TSO at the time the person applies for the Transaction Reference Number with the following information:

1) The name and address of the applicant and of the facility or location from which the Waste will be sent.

2) Specific notification that the purpose of the communication is to advise the TSO of the person's intent to ship Waste.

3) The Permit Number of the applicant.

4) The name or Permit Number of the facility or location to which the Waste will be sent.

5) The name of the person who will transport said Waste, if known.

6) The estimated shipping date.

f) The term of a Transaction Reference Number, issued as authorization for a particular shipment, shall not exceed 30 calendar days from the date of issuance.

g) Upon being contacted by a person who is applying for a Transaction Reference Number, the TSO, as an agent of the Department, will:

1) Obtain from the person the information required by this Part. However, should an applicant fail or refuse to provide this information, the TSO shall be prohibited from issuing a Transaction Reference Number. The TSO will immediately contact the Department concerning the application, thereby allowing the Department to make a direct inquiry to the person regarding the alleged deficient information situation; and

2) Process the application for the Transaction Reference Number, including verifying that the person intending to ship the Waste and the facility to which the Waste, is intended to be shipped, both have a valid Permit issued by the Department; and

A) If the requirements of this Part have been met, issue a Transaction Reference Number and record the date and time of the issuance of the Transaction Reference Number; or

B) If either the person applying for the Transaction Reference Number or the facility or location to which the Waste is to be sent does not have a valid Permit, the TSO shall immediately advise the Department of such deficiency. The Department may contact the person or the facility for clarification and/or issue a written notice of denial. The notice of denial shall be dated and cite the basis for which the Transaction Reference Number was denied. The Department shall promptly issue to the person or facility a written notice by mail, notice of the refusal to issue the Transaction Reference Number and the reason for such refusal, pursuant to the procedure for notice in Section

609.70(f) of this Part.

h) Each application for a Transaction Reference Number shall be deemed to constitute consent by the applicant that, in the event that the Transaction Reference Number is granted, the applicant consents and agrees to:

1) The designation of the Director, Department of Nuclear Safety, to be the true and lawful attorney-in-fact upon whom may be served all legal process in any action or proceeding by the State of Illinois against the Applicant for any violation of this Part growing out of the sending or acceptance of the Waste that is the subject of the application and the agreement of the Applicant that the process against him which is so served shall be of the same legal force and validity as though served upon the applicant personally, provided the Director or his designee sends notice of such service and a copy of the process within three calendar days to the Applicant at the address of the Applicant as shown on the application.

2) Submit to the jurisdiction of the court of competent jurisdiction in the State of Illinois, to the exclusion of all other courts of any other state, any civil or criminal legal action initiated by the State of Illinois or the Department arising out of or relating to the Applicant's use of the Transaction Reference Number issued by the Department.

3) Comply with all applicable Illinois and Federal laws and regulations as well as all provisions of the Compact and all provisions of any interregional or interstate agreement between Illinois or the Commission and the State in which the applicant is physically located.

4) Allow the Department or any agency with which the Department has an intergovernmental agreement to inspect any permitted shipment of Waste from and after the time at which the Waste is packaged for shipment until such time as that Waste is removed from the packages in which it is shipped.

i) A person applying for a Transaction Reference Number must disclose to the TSO in the application for the Transaction Reference Number that the person has made lawful and suitable arrangements for the final disposition, temporary storage, or physical retrieval of any Waste.

j) A person applying for a Transaction Reference Number shall immediately notify the TSO of any changes in the information formerly provided to the TSO in this Transaction Reference Number application process.

k) After receiving a Transaction Reference Number, no person may send into, within or out of the State of Illinois any shipment of Waste without first complying with the requirements of the Transaction Reference Number tracking process set forth in Section 609.65 of this Part.

l) The issuance of a Transaction Reference Number does not relieve any person who sends or accepts Waste from outside of the State of Illinois for treatment, storage or disposal in the State of Illinois

from also securing the necessary approvals from the Commission or approvals otherwise required by the applicable laws of any state.

Section 609.50 Standards for Issuance of Transaction Reference Number

a) Based upon transmitted information provided via computer, telephonic or written correspondence to the TSO, the TSO shall issue a Transaction Reference Number upon determining that the:
   1) Applicant has complied with the requirements of this Part;
   2) Activity to be authorized is not prohibited by any provision of the Compact, the Radioactive Waste Compact Enforcement Act or this Part; and
   3) Activity has received approval from the Commission, if so required under the provisions of the Compact.

b) No Transaction Reference Number issued under this Part shall be transferrable.

Section 609.60 Special Reporting Requirements

a) Sealed source and device manufacturers, radiopharmacies, nuclear laundries, radiopharmaceutical companies, and spent fuel transportation cask maintenance and decontamination operations located within Illinois are permitted to accept waste for treatment, collection, consolidation and storage, subject to the following conditions:
   1) Waste may be accepted only from generators within the Region or from generators in states or compact regions whose governing bodies have agreements with the Commission that authorize such receipt of Waste, provided the generator has not had its access to the Region revoked under said agreements.
   2) Waste shall not be accepted solely for the purpose of disposing such Waste in the State of Illinois, unless the disposal of such Waste has been approved by the Commission.
   3) A nuclear laundry that launders a radioactively contaminated item from outside the State of Illinois shall not dispose of the item in the State of Illinois, but shall return the item to the person who shipped it into the State of Illinois, provided that this prohibition shall not apply to process Waste. Process Waste as used in this subsection shall mean Waste that is generated from the laundering process that does not remain on or a part of the laundered item.

b) Persons within and outside the State of Illinois are permitted to ship waste to sealed source and device manufacturers, radiopharmacies, radiopharmaceutical companies, nuclear laundries, and spent fuel transportation cask maintenance and decontamination operations, subject to the following conditions:
   1) Waste may be shipped only from generators within the Region or from generators in states or compact regions whose governing

bodies have agreements with the Commission that authorize such shipments of Waste.
   2) The shipment of Waste from outside the State of Illinois shall not be solely for the purpose of disposing of such Waste in the State of Illinois.
   3) A person who sends a radioactively contaminated item into the State of Illinois to a nuclear laundry shall accept the return of the item.

c) No less frequently than every 120 calendar days, a facility accepting Waste under the provisions of subsection (a) of this Section shall report the following information to the TSO:
   1) The name of the Reporting Party.
   2) The date of the Reporting Party's acceptance of the waste.
   3) The name of the Party sending the waste.
   4) Composition or type of waste in shipment.
   5) Volume of waste in shipment.
   6) Disposition of the waste in shipment and date of disposition.

d) Information contained in subsection (c) of this Section may be reported to the TSO in a data file through electronic data transmission, provided that prior arrangements have been made with the TSO at least 30 days prior to the first electronic data transmission of such information. All such electronic data transmission shall be made in a manner that allows the TSO to incorporate said transmission into the TSO's electronic data base.

e) The special reporting requirements of this Section shall supersede any conflicting permit requirements elsewhere stated in this Part, and no Transaction Reference Number or Permit shall be necessary to send or accept Waste under this Section.

Section 609.65 Transaction Reference Number and Waste Shipment Tracking Process

a) Any person sending a shipment of waste to a broker located in the State of Illinois who will take possession of the waste at the broker's facility shall contact the TSO at 1-800-274-9784 and provide the TSO with the following information at the time of shipment:
   1) Transaction Reference Number;
   2) Consignor name;
   3) Consignee name;
   4) Tractor or trailer numbers if known;
   5) Number of containers;
   6) For each container:
      A) The container number;
      B) Waste type code;
      C) Total activity and the unit of measure;
      D) Prominent isotope; and
      E) The activity of the prominent isotope and unit of measure; and

7) Date of the shipment.

b) Any person sending a shipment of waste into, within or out of the State of Illinois that is not specified in subsection (a) of this Section shall provide the TSO with an electronic data transmission file formatted and containing the information as prescribed in Appendix A of this Part at the time of the shipment. All electronic data transmission shall be made in a manner that allows the TSO to incorporate the transmission into the TSO's electronic data base.

c) The person sending a shipment of waste shall provide the Transaction Reference Number to the receiving facility in writing at or before the time that the shipment arrives.

d) The person accepting a shipment of waste for which a Transaction Reference Number has been issued shall, within 24 hours after arrival of the shipment, report the receipt of the shipment to the TSO. In particular:

1) Illinois brokers shall provide the TSO with an electronic data transmission file containing the information regarding the received shipment formatted and containing the information as prescribed in Appendix A of this Part. All electronic data transmission shall be made in a manner that allows the TSO to incorporate the transmission into the TSO's electronic data base.

2) All other receiving facilities shall contact the TSO at 1-800-274-9784 and report the Transaction Reference Number, number of containers and the date received.

e) All receiving facilities rejecting a shipment or a container(s) at the time of shipment receipt shall immediately notify the TSO at 1-800-274-9784 and report the rejected container or shipment. For rejected container(s), the receiving facility shall report to the TSO the Transaction Reference number and the rejected container number(s). For a rejected shipment, the receiving facility shall report to the TSO the Transaction Reference Number. The destination of the rejected shipment or container(s) shall be assumed to be the sending facility. The sending facility must notify the TSO within one working day of the true destination of the rejected shipment or container(s).

f) A receiving facility rejecting a shipment or a container(s) after the shipment has been reported to the TSO as received shall treat the return shipment as a new shipment complete with the reporting requirements contained in this Part.

g) All receiving facilities that store waste for decay in storage shall report to the TSO the placement of waste into decay in storage according to the procedures outlined in Appendix A. The receiving facilities must also report to the TSO when the containers are removed from the decay in storage inventory utilizing the procedures identified in Appendix A.

h) All receiving facilities that process waste such that no waste, either direct or residual, is attributable back to the shipper must report those affected containers according to the procedures identified in Appendix A of this Part.

i) Upon receipt of the data file information from a person accepting a shipment of Waste at a facility for which a Permit has been issued, the TSO shall verify the following:

1) That the sending and receiving facilities have valid Permits.

2) That the shipment took place not more than 30 days after the date of issuance of the corresponding Transaction Reference Number for said shipment.

3) In the case of a consolidated shipment of Waste from a broker or treatment facility, that the containers and volume amounts correspond with the information previously provided to the TSO from the facility forwarding the Waste.

j) The person to whom the Transaction Reference Number was issued shall immediately notify the TSO of any changes in any of the information previously provided to the TSO under Section 609.40 of this Part.

Section 609.70 Suspension, Revocation or Voluntary Termination of Permits and Refusal to Issue Transaction Reference Numbers

a) The Department may revoke or suspend any Permit issued under this Part, for any reason, including but not limited to any of the following conditions:

1) The individual to whom the Permit was issued is determined by the Department to no longer be alive or to have been adjudged legally incompetent.

2) The person to whom the Permit was issued, if other than an individual, is determined by the Department to no longer be legally in existence.

3) Any person eligible for a Permit pursuant to Section 609.40(a)(2)(A) of this Part is no longer registered by the Department under Section 4 of the Low-Level Radioactive Waste Management Act [420 ILCS 20/4].

4) Any person eligible for a Permit pursuant to Section 609.40(a)(2)(B) of this Part is no longer licensed by the Department under Section 8 of the Low-Level Radioactive Waste Management Act [420 ILCS 20/8].

5) The compact region or unaffiliated state in which the person eligible for a Permit pursuant to Section 609.40(a)(2)(C) of this Part is located, no longer has an agreement with the Compact that allows that person's Waste to be treated, stored or disposed of at a facility in the Region.

6) Falsification of any information in an application for a Permit.

7) Failure to notify the Department of any change in the information previously provided to the Department in application for a Permit.

8) If the Commission has revoked the permission granted to such person under any compact region or unaffiliated state agreements to treat, store or dispose of Waste at a facility in the Region.

9) For any violation of the Radioactive Waste Compact Enforcement

Act or for violation of any condition imposed by any approval or interstate agreement of the Commission.

b) The TSO, as an agent of the Department, may refuse to issue any Transaction Reference Number as provided under this Part, for any reason, including but not limited to any of the following conditions:
   1) Violation of any provision of this Part, the Radioactive Waste Compact Enforcement Act, the Compact, or any approval or interstate agreement of the Commission.
   2) Failure to pay any civil penalty imposed by the Department under this Part.
   3) Falsification of any information in a Transaction Reference Number application.
   4) Any other reason as shown in subsection (a) of this Section.

c) The Department will notify the Commission of any suspension, emergency suspension or revocation of any Permit and of any refusal to issue a Transaction Reference Number. In addition, all alleged violations which could affect the issuance of a Transaction Reference Number or the retention, classification, or validity of a Permit will be reported to the Commission by the Department. The notification will be in writing, on a quarterly basis, including all reported and alleged violations, as well as the particular instances in which the Department concluded that official action under this Part was either not merited or not necessary.

d) In the event that the Commission withdraws or modifies the terms of its approval to engage in an activity authorized by a Transaction Reference Number issued under this Part, the Department will not issue subsequent Transaction Reference Numbers for other later shipments which would be in conflict with the Commission's determinations. Previously issued Transaction Reference Numbers assigned to pending shipments shall remain valid for their respective terms, unless such an interpretation would be contrary to the Commission's specific intentions.

e) In the event that the General Assembly of Illinois revokes any agreement entered into by the Commission that allows any activity authorized by a Transaction Reference Number issued under this Part, the Department will refrain from issuing any subsequent Transaction Reference Numbers for other shipments which would be contrary to such legislative action. Previously issued Transaction Reference Numbers assigned to pending shipments shall remain valid for their respective remaining terms, unless such an interpretation would be in conflict of the General Assembly's specific intentions.

f) Any pending action by the Department to suspend or revoke a Permit or action for the denial of a Transaction Reference Number shall be initiated by written notice to the Permit holder or applicant, specifying the reasons for such action and the right to a hearing on the determination of the Department, pursuant to the terms of the Illinois Administrative Procedure Act [5 ILCS 100]. No suspension or revocation shall take effect prior to the issuance of a final order

from the administrative hearing proceeding, except as outlined in subsection (g) of this Section.

g) The Department may also issue a preliminary Summary Suspension Order against any person holding a particular Permit or Transaction Reference Number who is also subject to a pending administrative hearing which could result in the revocation or suspension of the same Permit or Transaction Reference Number, provided that:
   1) The Department finds that the public interest, safety or welfare requires such immediate action; and
   2) Specific, factual reasons for such emergency action are also included in the Department's written "Notice of Hearing", advising the Permit or Transaction Reference Number holder of the pending administrative proceeding.
   AGENCY NOTE: Any such subsequent hearing proceedings shall be promptly instituted and determined.

h) A party to whom a Transaction Reference Number or Permit has been issued may voluntarily terminate the Transaction Reference Number or Permit by mailing to the Department written notice that the particular authorization is being voluntarily terminated. The termination shall be effective upon receipt by the Department of said notice. The notice shall set forth the name and address of the person to whom the Permit or Transaction Reference Number was issued. Voluntary termination of Transaction Reference Numbers shall require the:
   1) Transaction Reference Number being terminated;
   2) Date of its issuance; and
   3) Permit Number of the person terminating the particular Transaction Reference Number.

i) No person shall voluntarily terminate a Transaction Reference Number or a Permit if the person to whom the Permit or Transaction Reference Number has been issued has offered a shipment of Waste for transportation into, within or out of the State of Illinois and that shipment of Waste has not either returned to the shipper or been accepted at a facility properly authorized to dispose of that shipment of Waste.

Section 609.80 Penalties

a) The Department may impose a civil penalty on any person who sends, receives or accepts Waste in violation of any provision of this Part or the Radioactive Waste Compact Enforcement Act.

b) Civil penalties imposed under this Part shall not exceed $100,000 per occurrence. For a continuing violation, the Department may consider each day in which the violation continues as a separate occurrence.

c) In determining the amount of a civil penalty imposed under this Part, the Department will consider the following:
   1) Whether the violation was the result of willful, reckless or negligent conduct.
   2) The previous history of compliance with the provisions of the

Radioactive Waste Compact Enforcement Act and this Part.

3) Whether the violation was voluntarily reported to the Department.
4) The amount and type of the radioactive material involved.
5) Whether mitigative actions were taken.
6) The recommendations, if any, of the Commission.

d) The Department will notify the Commission when it initiates a civil penalty action and request the Commission's recommendations, if any, as to the civil penalty the Department seeks to impose. The Department shall also notify the Commission of any imposition of a civil penalty by the Department.

e) Imposition of a civil penalty shall be by written order, specifying the reasons for and amount of the penalty. The order shall include a notice of the right to an administrative appeal and hearing, in accordance with the provisions of Section 609.100 of this Part. The order shall be served either personally or by registered or certified mail. Notice of the order shall be effective as of the date of such personal service or receipt of the mailed notice.

f) Unless the right of administrative appeal and hearing, provided in Section 609.100 of this Part, is exercised, any civil penalty imposed shall be payable within 60 days after the effective date of notice of imposition of such penalty.

g) The Department will inform the Attorney General and the Commission of any failure to pay any civil penalty imposed under this Part. Any person who refuses to pay a civil penalty assessed under this Part shall be liable in an amount not to exceed 4 times the amount of the penalty not paid.

h) Section 30(d) of the Radioactive Waste Compact Enforcement Act [45 ILCS 141/30(d)] provides a criminal penalty for any person who intentionally violates Section 20(a)(1), (a)(2), (a)(3), (a)(4) or (a)(6) of that Act. If the Department becomes aware of a possible intentional violation of those Sections of the Act, the Department shall make a report to the Attorney General or State's Attorney for criminal prosecution of the offender.

Section 609.90 Exemptions

a) Any person may apply to the Department for an exemption from the requirements of this Part.

b) A request for an exemption shall be in writing and shall state with particularity the reasons why granting such an exemption would be consistent with the provisions of this Part and the Compact. A copy of the request shall be filed with the Commission.

c) Exemptions shall only be granted by the Department upon an express finding by the Department that granting the exemption would be consistent with the provisions of this Part and the Compact. In making such determinations, the Department shall consider the recommendations, if any, of the Commission.

d) Exemptions granted under this Part may be limited in scope or

duration, or may be conditional, providing that such limits or conditions are consistent with the Compact.

e) Any exemption granted under this Part shall not be in conflict with any provision of the Illinois Low-Level Radioactive Waste Management Act [420 ILCS 20], the Central Midwest Interstate Low-Level Radioactive Waste Compact Act [45 ILCS 140], the Radioactive Waste Compact Enforcement Act [45 ILCS 141], or the Low-Level Radioactive Waste Policy Amendment Act of 1985 [P.L. 99-240].

f) The Department will provide the Commission with written notice of any exemption granted pursuant to this Part.

Section 609.100 Administrative Appeal and Hearing

a) Any person may petition the Department for reconsideration of any:
1) Denial by the Department to issue a Permit, or refusal of the TSO to issue a Transaction Reference Number to such person; or
2) Summary suspension of a Transaction Reference Number or Permit issued to such person; or
3) Civil penalty imposed on such person.

b) Such petition shall be made in writing, shall be directed to the Manager, Office of Environmental Safety, Illinois Department of Nuclear Safety, 1035 Outer Park Drive, Springfield, Illinois, 62704, and shall state concisely and with particularity the reasons for the petition. The Department will provide a copy of the petition to the Commission.

c) Any person petitioning the Department for reconsideration has the right to a hearing before the Department. The request for such a hearing must be filed with the petition. Such petitions shall be filed within 30 calendar days after notice of the:
1) Denial of a Transaction Reference Number or Permit;
2) Emergency suspension of a Transaction Reference Number or Permit; or
3) Imposition of a civil penalty.

d) Failure of a petitioner to comply with the requirements of this Part with respect to petitions for reconsideration or requests for a hearing shall be grounds for denial of the petitioner's request.

e) All hearings under this Part, as well as administrative hearings ordered by the Department which could result in the revocation or suspension of a previously issued Permit to a person, shall be governed by the procedures set forth in the Illinois Administrative Procedure Act [5 ILCS 100] and in 32 Ill. Adm. Code 200. The Department will provide notice of these hearings to the Commission.

Section 609.APPENDIX A Electronic Data Transmission

Any person required under Sections 609.65(b), (d)(1), (g) or (h) of this Part to report shipment information to the Tracking System Operator (TSO) must prepare an Electronic Data Transmission (EDT) file for submittal to the TSO. This EDT file contains the pertinent information regarding the shipment in general (consignee, consignor, etc.) and the waste in detail (waste type, volume, activity, isotopes, etc.). The EDT files are ASCII files with comma delimited records. The EDT files are comprised of a variety of record types, which are used based on the type and source of the shipment (original shipment versus a consolidated shipment, in or out of state shipment, etc.). The files are submitted to the TSO in electronic format via a modem over standard phone lines to a toll free telephone number.

A) EDT FILE RECORD TYPE DESCRIPTION

a) The information regarding the shipment of low-level radioactive waste (LLRW) contained in the EDT file is provided using the five different types of records. Each record type focuses on a specific aspect of the shipment. The record types are described below:

1) The "M" (Manifest) record contains the summary information about the waste shipment. This information is summary level information that is normally contained on the shipping papers prepared to accompany the shipment.

2) The "C" (Container) record contains information about the waste container. This information details for each container comprised in the shipment the contents of that container.

3) The "W "(Waste Type) record contains information about the waste type(s) in the container. Detailed information regarding the waste form contained in each container is provided using the "W" record.

4) The "I" (Isotope) record contains information about the isotopes contained in each waste type in each container. Each specific isotope contained in each waste type reported in each container is identified along with the associated activity information.

5) The "P" (Pointer) record contains cross reference information about each original container which has been consolidated into the current container. This record is used by a broker or processor to identify which original containers are currently packaged in a consolidated container. The use of the "P" record prevent the unnecessary report of information already contained in the TSO data base.

b) The record types described above are further subdivided based on the specific reporting requirements for the various shipment

scenarios. These specific record types include:

1) **"M01"** - This record type indicates that the record contains summary information about an original LLRW shipment. This record type will always be followed by one or more container ("C01" or "C05") records.

2) **"M02"** - This record type indicates that the record contains summary information about a consolidated LLRW shipment. This record type will always be used when all information on the containers being consolidated has already been reported to and verified by the TSO, and will always be followed by one or more container ("C02") records.

3) **"M03"** - This record type indicates that the record contains summary information about a consolidated LLRW shipment originating out of the State of Illinois. This record type will always be accompanied by at least one original shipment ("M01") record, and followed by one or more container ("C02") records.

4) **"C01"** - This record type indicates that the record contains information about a specific container in an original LLRW shipment. This record type is used in conjunction with the "M01" record type, and will always be followed by one or more isotope ("I01") records. There will be one "C01" record for each container in the shipment.

5) **"C02"** - This record type indicates that the record contains information about a specific container in a consolidated LLRW shipment. This record type is used in conjunction with the "M02" record types, and will always be followed by one or more consolidated container ("P01") records. There will be one "C02" record for each container in the shipment.

6) **"C04"** - This record type indicates that the record contains information about a container which has been depleted (stored for decay to background, incinerated with no residue attributed to the generator or shipper, or ownership transferred from the generator to the receiving entity). It is not used in conjunction with any other record. There will be one "C04" record for each depleted container reported.

7) **"C05"** - This record type indicates that the record contains information about a specific container in an original LLRW shipment. This record type is used in conjunction with the "M01" record type, and will always be followed by one or more waste type ("W01") records. There will be one "C05" record for each container in the shipment.

8) **"P01"** - This record type indicates that the record contains information about a container which has been consolidated. This record type is used in conjunction with the "C02" record type. There is one "P01" record for each previous container consolidated in the current container.

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9) **"W01"** - This record type indicates that the record contains information about a specific waste type within an original container. This record type is used in conjunction with the "C05" record type, and will always be followed by one or more isotope "I05" records. There is one "W01"record for each waste type in the container.

10) **"I01"** - This record type indicates that the record contains information about a specific isotope within an original container. This record type is used in conjunction with the "C01" record type. There will be one "I01" record for each isotope present in the container.

11) **"I05"** - This record type indicates that the record contains information about a specific isotope within a waste type within an original container. This record type is used in conjunction with the "W01" record type. There will be one "I05" record for each isotope in each waste type present in the container.

c) A detailed listing of the data elements that comprise these various record types is shown on Table A-1. Table A-2 provides the data element definitions as well as the field size, type and format, and usage codes.

B) SHIPMENT SCENARIOS AND EDT FILE FORMAT REQUIREMENTS

a) For purpose of defining the EDT file format requirements, the various transaction scenarios can be combined into the following groupings:
   1) Original Shipment (both in-state and out-of-state).
   2) Consolidated or Continuing Shipment of Illinois generated LLRW or a Consolidated or Continuing Shipment by an Illinois shipper of out-of-state generated LLRW.
   3) Consolidated or Continuing Shipment by an out-of-state shipper of out-of-state generated LLRW to a facility located in Illinois.
   4) Report of depleted containers.

b) Original Shipments are prepared and sent by the generator of the LLRW. Consolidated or Continuing Shipments are those shipments sent from a broker, collector, processor or storer of LLRW.

c) The following defines the record type requirements for the shipment scenarios listed above. For some of the EDT file formats there is a preferred method and an alternative method. Both methods can be processed by the Tracking System. The alternative method is a remnant of the system development process and will be accepted by the TSO until December 31, 1996.
   1) Original Shipment (both in-region and out-of-region):
      A) Preferred Method: Each EDT file for an original shipment of LLRW sent into, out from, or within the State of Illinois will contain a "M01" record. There

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will be a "C05" record for each container of LLRW present in the shipment, followed by a "W01" record for each waste type present in the container, followed by an "I05" record for each isotope present in each waste type.

B) Alternate Method: This method can be used only for containers with a single waste type. Each EDT file for an original shipment of LLRW sent into, out from, or within the State of Illinois will contain a "M01" record. There will be a "C01" record for each container of LLRW present in the shipment followed by an "I01" record for each isotope present in the container.

2) Consolidated or Continuing Shipment of Illinois generated LLRW or Consolidated or Continuing Shipment by an Illinois shipper of out-of-state generated LLRW:
Each EDT file for a Consolidated or Continuing Shipment of Illinois generated Waste will contain a "M02" record. There will be a "C02" record for each container of consolidated or continuing LLRW present in the shipment, followed by a "P01" record for each previous container present in the consolidated or continuing container.

3) Consolidated or Continuing Shipment by an out-of-state shipper of out-of-state generated LLRW to a facility located in Illinois:
   A) Since the Tracking System will have no record of the out-of-state generated LLRW received by an out-of-state facility, the out-of-state facility needs to report those records for the LLRW it ships into Illinois. This is accomplished by providing information comparable to that provided for an original shipment as part of the EDT file for the shipment into Illinois.
   B) For each incoming shipment of LLRW to the out-of-state facility of out-of-state generated LLRW represented on the shipment to an Illinois facility, there will be a "M01" record followed by a "C05" record for each original container of LLRW present in the shipment, followed by a "W01" record for each waste type present in the container, followed by an "I05" record for each isotope present in each waste type. For the consolidated or continuing shipment by an out-of-state shipper of out-of-state generated LLRW to an Illinois facility there will be a "M03" record followed by a "C02" record for each container of consolidated or continuing LLRW present in the shipment, followed by a "P01" record for each previous container present in the consolidated or continuing container.

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4) Report of Depleted Containers:
Illinois facilities that deplete LLRW or out-of-state facilities that deplete Illinois generated LLRW need to report those depleted containers to the TSO in order for that waste to be removed from the tracking system. For purposes of the tracking system, LLRW is depleted when it has been stored for decay, incinerated with no residue attributed back to the original generator, or otherwise had the ownership of the waste transferred (as in the melting of contaminated metal into usable shielding blocks). The facilities report the depleted containers to the TSO using an EDT file composed of one "C04" record for each container depleted.

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Section 609.TABLE A-1 Detailed Listing of data elements

TABLE A-1

Record Type "M01"	Record Type "M02"	Record Type "M03"
Record Type (REC_TYPE)	Record Type (REC_TYPE)	Record Type (REC_TYPE)
Transaction Reference Number (TRANS_REF)	Transaction Reference Number (TRANS_REF)	Transaction Reference Number (TRANS_REF)
Manifest Number (MANIF_NUM)*	Manifest Number (MANIF_NUM)*	Manifest Number (MANIF_NUM)
Consignor's Permit (CNSGNOR_ID)*	Consignor's Permit (CNSGNOR_ID)*	Consignor's Permit (CNSGNOR_ID)*
Consignee's Permit (CNSGNEE_ID)*	Consignee's Permit (CNSGNEE_ID)*	Consignee's Permit (CNSGNEE_ID)*
Total Container Count (TOT_CNTRS)	Total Container Count (TOT_CNTRS)	Total Container Count (TOT_CNTRS)
Total Activity (TOT_ACTVY)	Total Activity (TOT_ACTVY)	Total Activity (TOT_ACTVY)
Activity unit of measure (ACTVY_MEAS)	Activity unit of measure (ACTVY_MEAS)	Activity unit of measure (ACTVY_MEAS)
Total volume (TOT_VOLUME)	Total volume (TOT_VOLUME)	Total volume (TOT_VOLUME)
Total weight (TOT_WEIGHT)	Total weight (TOT_WEIGHT)	Total weight (TOT_WEIGHT)
Actual ship date (ACT_SHIP)	Actual ship date (ACT_SHIP)	Actual ship date (ACT_SHIP)
Received ship date (RCV_SHIP)*	Received ship date (RCV_SHIP)*	Received ship date (RCV_SHIP)*
EPA manifest number (EPA_MANIF)	EPA manifest number (EPA_MANIF)	EPA manifest number (EPA_MANIF)
Total source material weight (TOT_SRC_WT)	Total source material weight (TOT_SRC_WT)	Total source material weight (TOT_SRC_WT)
Total special nuclear material weight (TOT_SNM_WT)	Total special nuclear material weight (TOT_SNM_WT)	Total special nuclear material weight (TOT_SNM_WT)
Total H-3 activity (H3_ACT)	Total H-3 activity (H3_ACT)	Total H-3 activity (H3_ACT)
Total TC-99 activity (TC99_ACT)	Total TC-99 activity (TC99_ACT)	Total TC-99 activity (TC99_ACT)
Total I-129 activity (I129_ACT)	Total I-129 activity (I129_ACT)	Total I-129 activity (I129_ACT)
Total C-14 activity (C14_ACT)	Total C-14 activity (C14_ACT)	Total C-14 activity (C14_ACT)
Highway route description (HGWY_ROUTE)	Highway route description (HGWY_ROUTE)	Highway route description (HGWY_ROUTE)
Exclusive use indicator (EXCLUS_USE)	Exclusive use indicator (EXCLUS_USE)	Exclusive use indicator (EXCLUS_USE)

*Non-requisite information

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TABLE A-1 (continued)

Record Type "C01"	Record Type "C02"	Record Type "C04"	Record Type "C05"
Record Type (REC_TYPE)	Record Type (REC_TYPE)	Record Type (REC_TYPE)	Record Type (REC_TYPE)
Transaction Reference Number (TRANS_REF)	Transaction Reference Number (TRANS_REF)	Holding facility permit (PERMIT_NUM)	Transaction Reference Number (TRANS_REF)
Manifest Number (MANIF_NUM)*	Manifest Number (MANIF_NUM)*	Transaction Reference Number (TRANS_REF)	Manifest Number (MANIF_NUM)*
Container Number (CNTR_NUM)	Container Number (CNTR_NUM)	Container Number (CNTR_NUM)	Container Number (CNTR_NUM)
Container volume (CNTR_VOL)	Container volume (CNTR_VOL)		Container volume (CNTR_VOL)
Container type (CNTR_TYPE)	Container type (CNTR_TYPE)		Container type (CNTR_TYPE)
Waste volume (WASTE_VOL)	Container activity (CNTR_ACTVY)		Container activity (CNTR_ACTVY)
Container activity (CNTR_ACTVY)	Activity units of measure (ACTVY_MEAS)		Activity units of measure (ACTVY_MEAS)
Activity units of measure (ACTVY_MEAS)	Container Alpha (CNTR_ALPHA)		Container Alpha (CNTR_ALPHA)
Container Alpha (CNTR_ALPHA)	Alpha less than indicator (ALPHA_SIGN)		Alpha less than indicator (ALPHA_SIGN)
Alpha less than indicator (ALPHA_SIGN)	Container Beta (CNTR_BETA)		Container Beta (CNTR_BETA)
Container Beta (CNTR_BETA)	Beta less than indicator (BETA_SIGN)		Beta less than indicator (BETA_SIGN)
Beta less than indicator (BETA_SIGN)	Container make (CNTR_MAKE)		Container make (CNTR_MAKE)
Container make (CNTR_MAKE)	Container model (CNTR_MODEL)		Container model (CNTR_MODEL)
Container model (CNTR_MODEL)	Container disposition (CNTR_DISP)		Container disposition (CNTR_DISP)
Container disposition (CNTR_DISP)	Over pack indicator (OP_FLAG)		Over pack indicator (OP_FLAG)
Over pack indicator (OP_FLAG)	Surface radiation (SURF_RADIA)		Surface radiation (SURF_RADIA)
Surface radiation (SURF_RADIA)	Surface radiation units (RAD_MEAS)		Surface radiation units (RAD_MEAS)
Surface radiation units (RAD_MEAS)	Rad less than indicator (RAD_SIGN)		Rad less than indicator (RAD_SIGN)
Rad less than indicator (RAD_SIGN)	DOT Label (DOT_LABEL)		DOT Label (DOT_LABEL)
DOT Label (DOT_LABEL)	Container weight (CNTR_WGT)		Container weight (CNTR_WGT)
Container weight (CNTR_WGT)	DOT UN ID number (DOT_UN_ID)		DOT UN ID number (DOT_UN_ID)

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TABLE A-1 (continued)

Record Type "C01"	Record Type "C02"	Record Type "C04"	Record Type "C05"
Waste Classification (WASTE_CLS)	Transport Index (TRANS_INDX)		Transport index (TRANS_INDX)
Waste Type (WASTE_TYPE)	Cert. of Compliance (CERT_NUM)		Cert. of compliance (CERT_NUM)
Waste Code (WASTE_CODE)			
LSA/SCO indicator (LSA_SCO)			
Chelating agent 1 (CHE_AGENT1)			
% of chelating agent 1 (CHE_PCT1)			
Chelating agent 2 (CHE_AGENT2)			
% of chelating agent 2 (CHE_PCT2)			
Physical form (PHYS_FORM)			
SSS media (SSS_MEDIA)			
SSS vendor (SSS_VENDOR)			
SSS brand (SSS_BRAND)			
DOT UN ID number (DOT_UN_ID)			
Transport index (TRANS_INDX)			
Cert. of compliance (CERT_NUM)			

*Non-requisite information

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TABLE A-1 (continued)

Record Type "I01"	Record Type "I05"
Record Type (REC_TYPE)	Record Type (REC_TYPE)
Transaction Reference Number (TRANS_REF)	Transaction Reference Number (TRANS_REF)
Manifest Number (MANIF_NUM)*	Manifest Number (MANIF_NUM)*
Container Number (CNTR_NUM)	Container Number (CNTR_NUM)
Radionuclide (RADIONUCL)	Waste Type (WASTE_TYPE)
Radionuclide activity (NUCL_ACTVY)	Radionuclide (RADIONUCL)
Activity units of measure (ACTVY_MEAS)	Radionuclide activity (NUCL_ACTVY)
Activity less than indicator (ACTVY_SIGN)	Activity units of measure (ACTVY_MEAS)
Radionuclide percentage (RADIO_PCT)	Activity less than indicator (ACTVY_SIGN)
% less than indicator (PCT_SIGN)	Radionuclide percentage (RADIO_PCT)
Special nuclear material grams (SNM_GRAMS)	% less than indicator (PCT_SIGN)
Chemical form (CHEM_FORM)	Special nuclear material grams (SNM_GRAMS)
	Chemical form (CHEM_FORM)

*Non-requisite information

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TABLE A-1 (continued)

Record Type "W01"

Record Type (REC_TYPE)

Transaction Reference Number (TRANS_REF)

Manifest Number (MANIF_NUM)*

Container Number (CNTR_NUM)

Waste Type (WASTE_TYPE)

Waste activity (WST_ACTVY)

Activity units of measure (ACTVY_MEAS)

Waste classification (WASTE_CLAS)

Waste volume (WASTE_VOL)

Waste code (WASTE_CODE)

Physical form (PHYS_FORM)

SSS media (SSS_MEDIA)

SSS vendor (SSS_VENDOR)

SSS brand (SSS_BRAND)

Chelating agent 1 (CHE_AGENT1)

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% of chelating agent 1
(CHE_PCT1)

Chelating agent 2
(CHE_AGENT2)

% of chelating agent 2
(CHE_PCT2)

LSA/SCO indicator
(LSA_SCO)

*Non-requisite information

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TABLE A-1 (continued)

Record Type "P01"

Record Type
(REC_TYPE)

Transaction Reference Number
(TRANS_REF)

Manifest Number
(MANIF_NUM)*

Container Number
(CNTR_NUM)

Previous Transaction Reference
Number
(PREV_TRN)

Previous manifest number
(PREV_MANF)

Previous container number
(PREV_CNTR)

Consolidated volume
(COMB_VOL)

% of previous container
(PREV_PCT)

*Non-requisite information

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Section 609.TABLE A-2 Data element definitions

TABLE A-2

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
ACT_SHIP	The actual shipment date of a LLW shipment.	8	0	Numeric (Date)	YYYYMMDD	N/A	N/A
ACTVY_MEAS	The units used to measure activity (Curies or Millicuries.	1	0	Alpha-Numeric	X	C M	Curies Millicuries
ACTVY_SIGN	Indicates whether the activity number is a less than value.	1	0	Alpha-Numeric	X	< (blank)	Activity value is less than number shown. Activity value is the number shown.
ALPHA_SIGN	Indicates whether the Container Alpha (CNTR_ALPHA) number is a less than value	1	0	Alpha-Numeric	X	< (blank)	Alpha amount is less than number shown. Alpha amount is the number shown.
BETA_SIGN	Indicates whether the Container Beta (CNTR_BETA) number is a less than value.	1	0	Alpha-Numeric	X	< (blank)	Beta amount less than number shown. Beta amount is the number shown.
C14_ACT	The total activity of C-14 within a LLW shipment. Unit of measure is the manifest record's ACTVY_MEAS value.	12	6	Numeric	99999.999999	N/A	N/A
CERT_NUM	An NRC or host state certificate of compliance number. Refers to a specific container type, i.e. High Integrity Container.	16	0	Alpha-Numeric	X(16)	N/A	N/A
CHE_AGENT1	The primary chelating agent used in a LLW waste type.	16	0	Alpha-Numeric	X(16)	N/A	N/A

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TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
CHE_AGENT2	The secondary chelating agent used in a LLW waste type.	16	0	Alpha-Numeric	X(16)	N/A	N/A
CHE_PCT1	The percentage of the primary chelating agent by weight of waste.	4	2	Numeric	9.99	N/A	N/A
CHE_PCT2	The percentage of the secondary chelating agent by weight of waste.	4	2	Numeric	9.99	N/A	N/A
CHEM_FORM	A description of the chemical form of a specific radionuclide within a container.	25	0	Alpha-Numeric	X(25)	N/A	N/A
CNSGNEE_ID	The Tracking System Permit number assigned to the receiving facility of a LLW shipment.	6	0	Alpha-Numeric	XX9999		Positions 1-2: State abbreviation Positions 3-6: Sequential number for permits in that state.
CNSGNOR_ID	The Tracking System Permit number assigned to the sending facility of a LLW shipment.	6	0	Alpha-Numeric	XX9999		Positions 1-2: State abbreviation Positions 3-6: Sequential number for permits in that state.
CNTR_ACTVY	The total activity of all waste within a LLW container. Units of measure are indicated by the record's ACTVY_MEAS value.	12	6	Numeric	99999.999999	N/A	N/A

TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
CNTR_ALPHA	The surface contamination of a LLW container in alpha disintegrations per minute: (dpm)/100 cm^2.	5	0	Numeric	99999	N/A	N/A
CNTR_BETA	The surface contamination of a container in beta disintegrations per minute: (dpm)/100 cm^2.	5	0	Numeric	99999	N/A	N/A
CNTR_DISP	A code to indicate the current disposition of a container.	1	0	Alpha-Numeric	X	1 2 3 4	Active (In-process) Stored for decay Buried Remove from inventory (decayed)
CNTR_MAKE	The specific make of a LLW container type.	10	0	Alpha-Numeric	X(10)	N/A	N/A
CNTR_MODEL	The specific model of a LLW container type.	16	0	Alpha-Numeric	X(16)	N/A	N/A
CNTR_NUM	The unique identification number assigned to each LLW container within a shipment.	16	0	Alpha-Numeric	X(16)	N/A	N/A

TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
CNTR_TYPE	A code identifying the container type of a LLW container.	3	0	Alpha-Numeric	XXX	BUW CTL DMZ FTL GCY HIC MBC MDP MTL OTH PDP PTL SLC UNP WBC	Bulk unpackaged waste Concrete tank or liner Demineralizer Fiberglass tank Gas cylinder High integrity container Metal box or crate Metal drum or pail Metal tank or liner Other Plastic drum or pail Polyethylene tank Sealand container Unpacked components Wooden box or crate
CNTR_VOL	The total volume (outside dimension) of a LLW container, in cubic feet.	7	2	Numeric	9999.99	N/A	N/A
CNTR_WGT	The total weight of a LLW container, including the contents, in pounds.	5	0	Numeric	99999	N/A	N/A
COMB_VOL	The post-consolidation volume of a container.	7	2	Numeric	9999.99	N/A	N/A

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TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
DOT_LABEL	The US DOT label which applies to a LLW container.	1	0	Numeric	9	0 1 2 3 4 5 6	Empty White-I Yellow-II Yellow-III Oxidizer Spontaneously combustable Corrosive
DOT_UN_ID	The identification number for the proper shipping name of a LLW container	6	0	Alpha-Numeric	XXXXXX	UN2908 UN2910 UN2911 UN2912 UN2918 UN2974 UN2982	Radioactive material, empty packages, n.o.s. Radioactive material, limited quantity, n.o.s. Radioactive material, instruments Radioactive material, low specific activity or LSA, n.o.s. Radioactive material, fissile, n.o.s. Radioactive material, special form, n.o.s. Radioactive material, n.o.s.
EPA_MANIF	The EPA manifest numer assigned to a LLW shipment which has EPA regulated waste.	12	0	Alpha-Numeric	X(12)	N/A	N/A

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TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
EXCLUS_USE	A flag indicating whether a LLW shipment is an exclusive use shipment, i.e., a shipment which cannot be opened after shipment, except by the consignee.	1	0	Alpha-Numeric	X	T F Y N	True False Yes No
H3_ACT	The total activity of H-3 within a LLW shipment. Unit of measure is indicated by record's ACTVY_MEAS value.	12	6	Numeric	99999.999999	N/A	N/A
HGWY_ROUTE	The specific and detailed highway route of a US DOT controlled shipment of LLW.	No limit	0	Memo	X(n)	N/A	N/A
I129_ACT	The total activity of I-129 within a LLW shipment. Unit of measure is indicated by record's ACTVY_MEAS value.	12	6	Numeric	99999.999999	N/A	N/A
LSA_SCO	The group notation for a shipment of Low Specific Activity material or Surface Contaminated Objects.	4	0	Alpha-Numeric	XXXX	LSA1 LSA2 LSA3 SC01 SC02	Low Specific Activity - I Low Specific Activity - II Low Specific Activity - III Surface Contaminated Objects - I Surface Contaminated Objects - II

TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
MANIF_NUM	The unique number assigned to a LLW shipment by the sending or receiving facility.	10	0	Alpha-Numeric	X(10)	N/A	N/A
NUCL_ACTVY	The activity level for a specific radionuclide within a given LLW container. Units of measure indicated by the record's ACTVY_MEAS value.	12	6	Numeric	99999.999999	N/A	N/A
OP_FLAG	A logical flag indicating whether a LLW container requires disposal in a approved structural overpack.	1	0	Alpha-Numeric	X	T F Y N	True False Yes No
PCT_SIGN	Indicates whether the radionuclide percentage (RADIO_PCT) number is a less than value.	1	0	Alpha-Numeric	X	< (blank)	Percent amount is less than the number given. Percent amount is the number given.
PERMIT_NUM	The Tracking System permit number assigned to the holding facility of a LLW container.	6	0	Alpha-Numeric	XX9999	N/A	Positions 1-2: State abbreviation Positions 3-6: Sequential number for permits in that state.
PHYS_FORM	A code indicating the physical form of LLW within the container	1	0	Alpha-Numeric	X	G L S	Gas Liquid Solid

TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
PREV_TRN	The Tracking System transaction reference number assigned to the shipment in which the previous container (PREV_CNTR) was received.	10	0	Alpha-Numeric	XXXX999999		Positions 1-2: Sending facility state abbreviation. Position 3: Sending facility type. Position 4: Sending facility class. Positions 5-10: Sequential number for the sending state's transactions.
PREV_CNTR	The previous unique identification number of a container which was been consolidated	16	0	Alpha-Numeric	X(16)	N/A	N/A
PREV_MANF	The manifest number assigned to the shipment in which the previous container (PREV_CNTR) was received.	10	0	Alpha-Numeric	X(10)	N/A	N/A
PREV_PCT	The percentage of the consolidated container (PREV_CNTR) that has been consolidated into the current conniver.	3	0	Numeric	999	N/A	N/A
RAD_MEAS	A code indicating the units used to measure the radiation level of a LLW container (SURF_RADIA).	1	0	Alpha-Numeric	X	M R	Millirems per hour (mR/hr) Rems per hour (R/hr)

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TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
RAD_SIGN	Indicates whether the radiation level of a LLW container (SURF_RADIA) is less than the value given.	1	0	Alpha-Numeric	X	< (blank)	Radiation level less than number given Radiation level is the number given
RADIO_PCT	The percentage of a radionuclide within a LLW container with respect to all radionuclides within the container.	6	3	Numeric	99.999	N/A	N/A
RADIONUCL	The abbreviated atomic name of a radionuclide with in a LLW container	7	0	Alpha-Numeric	XXXXXXX	N/A	Any valid radionuclide atomic symbol with atomic weight (C12 scale), e.g. C14, TC99, or CA40.

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TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
REC_TYPE	The EDT record type of the current record.	3	0	Alpha-Numeric	X99	M01 M02 M03 C01 C02 C04 C05 W01 I01 I05 P01	Original manifest record Consolidated manifest record Out of state consolidated manifest record Original container record (alternative format) Consolidated container record Container removed from inventory record Original container record (preferred format) Waste Type record Radionuclide record (alternative format) Radionuclide record (preferred format) Consolidated container pointer record
RCV_SHIP	The date on which a LLW shipemt was received by the receiving facility.	8	0	Numeric (date)	YYYYMMDD	N/A	N/A
SNM_GRAMS	The weight of a specific radionuclide of special nuclear material (U-233, U-235) in grams.	10	7	Numeric	99.9999999	N/A	N/A

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TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
SSS_BRAND	The brand name of a particular stabilization, sorbent, or solidification media (SSS_MEDIA) within a LLW waste type.	15	0	Alpha-Numeric	X(15)	N/A	N/A
SSS_MEDIA	A code identifying the particular stabilization, sorbent, or solidification media (SSS_MEDIA) within a LLW waste type.	3	0	Numeric	999	60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 89 90 91 92 93 94 99 100	Speedi Dri Celetom Floor Dry/ Superfine Hi Dri Safe T Sorb Safe N Dri Florco Florco X Solid A Sorb Chemsil 30 Chemsil 50 Chemsil 3030 Dicaperl HP200 Dicaperl HP500 Petroset Petroset II Aquaset Aquaset II Other Sorbent Cement Concrete (Encapsulation) Bitumen Vinyl Chloride Vinyl Ester Styrene Other solidification None Required
SSS_VENDOR	The vendor of a particular stabilization, sorbent, or solidification media (SSS_MEDIA) within a LLW waste type.	15	0	Alpha-Numeric	X(15)	N/A	N/A

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TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
SURF_RADIA	The radiation level measure on contact with a LLW container. Units of measure indicated by the record's RAD_MEAS value.	8	2	Numeric	99999.99	N/A	N/A
TC99_ACT	The total activity of TC-99 within a LLW shipment. Units of measure indicated by the record's ACTVY_MEAS value.	12	6	Numeric	99999.999999	N/A	N/A
TOT_ACTVY	The total activity of all containers in a LLW shipment. Units of measure indicated by the record's ACTVY_MEAS value.	12	6	Numeric	99999.999999	N/A	N/A
TOT_CNTRS	The total number of containers in a LLW shipment.	3	0	Numeric	999	N/A	N/A
TOT_SNM_WT	The total weight of all radionuclides of special nuclear material within a LLW shipment, measured in grams.	10	7	Numeric	99.9999999	N/A	N/A
TOT_SRC_WT	The total weight of source material on a LLW shipment, in pounds	9	2	Numeric	999999.99	N/A	N/A
TOT_VOLUME	The total volume of all containers in a LLW shipment, in cubic feet.	8	2	Numeric	99999.99	N/A	N/A

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TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
TOT_WEIGHT	The total weight of all containers in a LLW shipment, in pounds.	6	0	Numeric	999999	N/A	N/A
TRANS_INDX	The transportation index for a package label on a LLW container.	10	0	Alpha-Numeric	X(10)	N/A	N/A
TRANS_REF	A unique Tracking System assigned transaction reference number. Assigned at the time of notification of a LLW shipment.	10	0	Alpha-Numeric	XXXX999999		Positions 1-2: Sending facility state abbreviation. Position 3: Sending facility type. Position 4: Sending facility class. Positions 5-10: Sequential number for the sending state's transactions.
WASTE_CLAS	The waste classification of a LLW waste type.	2	0	Alpha-Numeric	XX	AS AU B C >C	Class A stable Class A unstable Class B Class C Greater than Class C
WASTE_CODE	A code indicating whether the waste in a waste type has been collected or processed.	1	0	Alpha-Numeric	X	C P (blank)	Collected Processed Neither

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TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
WASTE_TYPE	A code indicating the specific type of waste type.	2	0	Alpha-Numeric	XX	20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 59	Charcoal Incinerator ash Soil Gas Oil Aqueous liquid Filter media Mechanical filter EPA Hazardous Demolition rubble Cation ion-exchange media Anion ion-exchange media Mixed bed ion-exchange media Contaminated equipment Organic liquid (except oil) Glassware or lab ware Sealed source/ device Paint or plating Evaporator bottoms, sludges, concentrates Compactible trash Noncompactible trash Animal carcasses Biological material (except animal carcasses) Activated material Mixed waste Other
WASTE_VOL	The volume of the specific waste type (WASTE_TYPE) within a LLW container, in cubic feet.	7	2	Numeric	9999.99	N/A	N/A

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TABLE A-2 (continued)

NAME	DEFINITION	FIELD SIZE	DECIMAL PLACES	FIELD TYPE	FIELD FORMAT	USAGE CODE	CODE DESCRIPTION
WST_ACTVY	The total activity of all radionuclides within a waste type. Units are indicated by the record's ACTVY_MEAS value.	12	6	Numeric	99999.999999	N/A	N/A

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Editor's Note: The notice pages for this rule were published at 19 Ill. Reg. 14530. The notice pages indicated these rules were identical to the emergency rules published at 19 Ill. Reg. 14833. This statement was in error, and the notice pages and the text of this proposed rule are as follow:

1) Heading of the Part: Medical Payments

2) Code Citation: 89 Ill. Adm. Code 140

3) Section Numbers: Proposed Action:

140.2	Amendment
140.40	Amendment
140.413	Amendment
140.460	Amendment
140.461	Amendment
140.462	Amendment
140.463	Amendment
140.464	Repeal
140.485	Amendment
140.920	Amendment
140.922	Amendment
140.924	Amendment
140.926	Repeal
140.928	Repeal
140.930	Amendment
140.932	Repeal
TABLE M	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) A Complete Description of the Subjects and Issues Involved: These proposed amendments are required to implement the Maternal and Child Health Program, which is replacing the Department's Healthy Moms/Healthy Kids Program (HM/HK). The HM/HK Program, which ensures access to essential medical services for pregnant women and children, has provided for the enrollment of clients with a specific medical provider through a federal waiver which has now expired. The Department's intent had been to continue this managed care approach for HM/HK services under the managed care program to be known as MediPlan Plus. However, federal approval for MediPlan Plus has been delayed. Therefore, extensive changes in the HM/HK Program are now being made to ensure that access to necessary health care is continued for pregnant women and children.

Medical services under the Maternal and Child Health Program will be provided through a case management component for pregnant women and children under 12 months of age and wards of the Department of Children

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and Family Services who are age five years or under. Providers in the Program may include physicians, Federally Qualified Health Centers, hospital clinics and encounter rate clinics that meet qualifications as described in the amendments. The Program is designed to encourage provider participation through rate incentives, including increased payment rates for selected services and expedited payments.

It is anticipated that these proposed amendments will result in an approximate savings in fiscal year 1996 of $5.7 million. This savings is expected to occur because of a decrease in the age of children who are eligible for care in the Maternal and Child Health Program and because of the elimination of maintenance payments under the HM/HK Program of $5 per child/month.

6) Will this rulemaking replace any emergency rulemaking currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? No

9) Are there any other proposed rulemakings pending on this part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
140.3	Amendment	June 23, 1995 (19 Ill. Reg. 8066)
140.5	Amendment	June 23, 1995 (19 Ill. Reg. 8066)
140.7	Amendment	August 25, 1995 (19 Ill. Reg. 12210)
140.9	Amendment	August 25, 1995 (19 Ill. Reg. 12210)
140.16	Amendment	September 15, 1995 (19 Ill. Reg. 12937)
140.80	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.82	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.84	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.440	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.443	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.444	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.445	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.446	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.447	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.500	Amendment	July 14, 1995 (19 Ill. Reg. 9386)
140.504	Amendment	July 14, 1995 (19 Ill. Reg. 9386)
140.505	Repeal	July 14, 1995 (19 Ill. Reg. 9386)
140.535	Amendment	July 21, 1995 (19 Ill. Reg. 10390)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place and Manner in which interested persons may comment on this

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proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Joanne Jones
Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Ave. E., 3rd Floor
Springfield, IL 62762
(217) 524-3215

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not for profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Providers of services under the former Healthy Moms/Healthy Kids Program

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: September 1, 1995

The full text of the Proposed Amendment begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section

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SUBPART C: PROVIDER ASSESSMENTS

Section

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SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section

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SUBPART E: GROUP CARE

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SUBPART F: MEDICAID PARTNERSHIP PROGRAM

SUBPART G: MATERNAL AND CHILD HEALTH ~~HEALTHY-MOMS/HEALTHY-KIDS~~ PROGRAM

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SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT EQUITY (ICARE) PROGRAM

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(Emergency Expired)

TABLE A	Medichek Recommended Screening Procedures (Repealed)
TABLE B	Health Service Areas
TABLE C	Capital Cost Areas
TABLE D	Schedule of Dental Procedures
TABLE E	Time Limits for Processing of Prior Approval Requests
TABLE F	Podiatry Service Schedule
TABLE G	Travel Distance Standards
TABLE H	Areas of Major Life Activity
TABLE I	Staff Time and Allocation for Training Programs (Recodified)
TABLE J	HSA Grouping (Repealed)
TABLE K	Services Qualifying for 10% Add-On (Repealed)
TABLE L	Services Qualifying for 10% Add-On to Surgical Incentive Add-On (Repealed)
TABLE M	Enhanced Rates for Maternal and Child Health ~~Healthy Moms/Healthy Kids~~ Provider Services

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III] and implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg.7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended

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at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19,

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1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5,

1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; emergency amendment suspended effective October 12, 1993; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 140.2 Medical Assistance Programs

a) Under the Medical Assistance Programs, the Department pays participating providers for necessary medical services, specified in Section 140.3 through 140.7 for:
   1) persons eligible for financial assistance under the Department's Aid to the Aged, Blind or Disabled-State Supplemental Payment (AABD-SSP) and Aid to Families with Dependent Children (AFDC) programs (Medicaid - MAG);
   2) persons who would be eligible for financial assistance but who have resources in excess of the Department's eligibility standards and who have incurred medical expenses greater than the difference between their income and the Department's standards (Medicaid - MANG);

   3) persons receiving financial assistance under the Department's General Assistance (GA) program, either State Transitional Assistance or State Family and Children Assistance (GA-Medical);
   4) individuals under age 18 who do not qualify for AFDC/AFDC-MANG and infants under age one year (see Section 140.7);
   5) pregnant women who would not be eligible for AFDC/AFDC-MANG if the child were born and who do not qualify as mandatory categorically needy (see Section 140.9);
   6) persons who are eligible for Title IV-E adoption assistance/foster care assistance from another State and who are living in Illinois; and
   7) noncitizens who have an emergency medical condition (see 89 Ill. Adm. Code 120.310); however, payment is not included for care and services related to an organ transplant procedure.

b) "Necessary medical care" is that which is generally recognized as standard medical care required because of disease, disability, infirmity or impairment.

c) The Department may impose prior approval requirements, as specified by rule, to determine whether the medical care is necessary and eligible for payment from the Department in individual situations. Such requirements shall be based on recommendations of technical and professional staff and advisory committees.

d) When recipients are entitled to Medicare benefits, the Department shall assume responsibility for their deductible and coinsurance obligations, unless the recipients have income and/or resources available to meet these needs. The total payment to a provider from both Medicare and the Department shall not exceed either the amount that Medicare determines to be a reasonable charge or the Department standard for the services provided, whichever is applicable.

e) The Department shall pay for services and items not allowed by Medicare only if they are provided in accordance with Department policy for recipients not entitled to Medicare benefits.

f) The Department may contract with qualified practitioners, hospitals and all other dispensers of medical services for the provision and reimbursement of any and all medical care or services as specified in the contract on a prepaid capitation basis (i.e., payment of a fixed amount per enrollee made in advance of the service); volume purchase basis (i.e., purchase of a volume of goods or services for a price specified in the contract); ambulatory visit basis (i.e., one comprehensive payment for each visit regardless of the services provided during that visit) or per discharge basis (i.e., one comprehensive payment per discharge regardless of the services provided during the stay). Such contracts shall be based either on formally solicited competitive bid proposals or individually negotiated rates with providers willing to enter into special contractual arrangements with the State.

g) The Department may require that recipients of medical assistance under any of the Department's programs exercise their freedom of choice by

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choosing to receive medical care under the traditional fee for service system or through a prepaid capitation plan or under one of the other alternative contractual arrangements described in subsection (f). The categories of recipients who may choose or be assigned to an alternative plan will be specified in the contract. Recipients required to make such a choice will be notified in writing by the Department. If a recipient does not choose to exercise his/her freedom of choice, the Department may assign that recipient to a prepaid plan. Under such a plan, recipients would obtain certain medical services or supplies from a single source or limited source. Recipients enrolled in a prepaid plan may disenroll. If a recipient is assigned to a prepaid plan he/she will be permitted to revoke that assignment at any time. The Department will notify recipients in writing if they are assigned to a prepaid plan. Recipients enrolled in or assigned to a prepaid plan will receive written notification advising them of the services which they will receive from the plan. Covered services not provided by the plan will be reimbursed by the Department on a fee for service basis. Recipients will receive a medical eligibility card which will apply to such services. The recipient shall notify the contractor and execute a disenrollment form if he/she wants to disenroll or revoke the assignment.

h) The Department may enter into contracts for the provision of medical care on a prepaid capitation basis from a Health Maintenance Organization (HMO) whereby the recipient who chooses to receive medical care through an HMO must stay in the HMO for a certain period of time, not to exceed six months (the enrollment period). Upon written notice, the recipient may choose to disenroll from such an HMO at any time within the first month of each enrollment period. The Department will send the recipient a notice at least 30 days prior to the end of the enrollment period which gives the recipient a specified period of time in which to inform the Department if the recipient does not wish to re-enroll in the HMO for a new enrollment period. The recipient may then disenroll at the end of the enrollment period only if the recipient responds to the notice and indicates in writing a choice to disenroll. Failure to respond to the notice will result in automatic re-enrollment for a new enrollment period. Recipients shall also be allowed to disenroll at any time for cause.

i) The Department may enter into contracts for the provision of medical care on a prepaid capitation basis from a Health Maintenance Organization whereby the recipient who chooses to receive medical care through an HMO may choose to disenroll at any time, upon written notice.

j) The Department shall pay for services under the Maternal and Child Health ~~Healthy--Moms/Healthy--Kids~~ Program, a primary health care program for pregnant women and children (see Subpart G).

(Source: Amended at 19 Ill. Reg. _____, effective _____)

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SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section 140.40 Prior Approval for Medical Services or Items

a) The Department may impose prior approval requirements, as specified by rule, to determine the essentialness of medical care provided in individual situations. Such requirements shall be based on recommendations of technical and professional staff and advisory committees.

b) In general, in order for prior approval to be granted, items and services must be:
   1) non-experimental,
   2) appropriate to the client's needs,
   3) necessary to avoid institutional care, and
   4) medically necessary to preserve health, alleviate sickness, or correct a handicapping condition.

c) Providers are responsible for requesting prior approval for medical services or items. Prior approval requests must show:
   1) the case name,
   2) patient name,
   3) case identification number,
   4) recipient number,
   5) patient age, address, and whether or not the patient resides in a group care facility,
   6) identification of the practitioner prescribing or ordering the item or service,
   7) diagnosis,
   8) description of item or service,
   9) treatment plan,
   10) how long the service or item will be needed, and
   11) purchase or rental cost.

d) To the extent possible, the request should show how the item or service is expected to correct or help the condition, and why the requested treatment plan is better than any other plan commonly used to deal with similar diagnoses or conditions. Anything unique to the medical condition or living arrangement affecting the choice of a recommended treatment plan or item should be explained.

e) A written notice of disposition of the request for prior approval will be sent to the client within the time limits prescribed below. If the notice of disposition is not sent within the applicable time limit, prior approval will be granted automatically. Oral notification ~~only~~ will be given only when a request for medical transportation is approved.

~~f) Certain--services--of--providers,-other-than-the-Primary-Care-Provider,-under-the-Healthy-Moms/Healthy-Kids-Program-require--authorization--by-the-Primary-Care-Provider-(see-Section-140.932).~~

(Source: Amended at 19 Ill. Reg. _____, effective

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SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section 140.413 Limitation on Physician Services

a) When provided in accordance with the specified limitations and requirements, the Department shall pay for the following services:
   1) Termination of pregnancy -- only in those cases in which the physician has certified in writing to the Department that the procedure is necessary to preserve the life of the mother. All claims for reimbursement for abortions or induced miscarriages or premature births must be accompanied by the physician's written certification which specifies that the procedure is necessary for preservation of life of woman, or that the induced premature birth was to produce a live viable child and was necessary for the health of mother or her unborn child.
   2) Sterilization
      A) Therapeutic sterilization -- only when the procedure is either a necessary part of the treatment of an existing illness, or is medically indicated as an accompaniment of an operation on the female genitourinary tract. Mental incapacity does not constitute an illness or injury which would authorize ~~in respect to~~ this procedure.
      B) Nontherapeutic sterilization -- only for recipients age 21 or older and mentally competent. The physician must obtain the recipient's informed written consent in a language understandable to the recipient before performing the sterilization and must advise the recipient of the right to withdraw consent at any time prior to the operation. The operation shall be performed no sooner than 30 days and no later than 180 days following the date of the recipient's written informed consent except in cases of premature delivery or emergency abdominal surgery. An individual may consent to be sterilized at the time of premature delivery or emergency abdominal surgery if at least 72 hours have passed since informed consent was given.
   ~~3) End-stage renal disease treatment (chronic hemodialysis and kidney transplantation) is limited to those recipients who have been determined medically eligible for such treatment by the Illinois Department of Public Health.~~
   3) ~~4)~~ By-pass surgery for morbid obesity -- only with the prior approval of the Department. The Department shall approve payment for this service only in those cases in which it determines that obesity is exogenous in nature, the recipient has had the benefit of other therapy with no success, and endocrine disorders have been ruled out. (See Sections 140.40 through 140.42 for prior approval requirements.)

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   4) ~~5)~~ Psychiatric Services
      A) Treatment -- when the services are provided by a physician who has been enrolled as an approved provider with the Department. Psychiatric treatment services are not covered services for Recipients of General Assistance or Aid to the Medically Indigent.
      B) Consultation -- only when necessary to determine the need for psychiatric care. Services provided subsequent to the initial consultation must comply with the requirements for treatment.
   5) ~~6)~~ Services provided to a recipient in his home ~~place of residence~~ -- only when the recipient is physically unable to go to the physician's office.
   6) ~~7)~~ Services provided to recipients in group care facilities by a physician other than the attending physician -- only for emergency services provided when the attending physician of record is not available or when the attending physician has made referral with the recipient's knowledge and permission.
   7) ~~8)~~ Services provided to recipients in a group care facility by a physician who derives a direct or indirect profit from total or partial ownership (or from other types of financial investment for profit in the facility -- only when occasioned by an emergency due to acute illness, unavailability of essential treatment facilities in the vicinity for short-term care pending transfer, or when there is no comparable facility in the area.
   8) ~~9)~~ Maternity care -- Payment shall be made for pre-natal and post-natal care only when the following conditions are met:
      A) the physician, whether based in a hospital, clinic, or individual practice, retains hospital delivery privileges or maintains a written referral arrangement with another physician who retains such privileges or has been included in the Maternal and Child Health Program as a result of having entered into an appropriate Healthy Moms/Healthy Kids Program provider agreement ~~or receives payment authorization for referral from the Department's independent contractor, as described in Sections 140.920(a)(7) and 140.932(a);~~
      B) the written referral agreement is kept on file and is available for inspection at the physician's place of business, and details procedures for timely transfer of medical records; and
      C) maternal services are delivered in a manner consistent with the quality of care guidelines published by the American College of Obstetricians and Gynecologists in the current edition of the "Standards for Obstetric Gynecologic Services" (1989 Edition), 409 12th Street S.W., Washington, D.C. 20024-2188.
   9) ~~10)~~ Physician services to children under age twenty-one
      A) Payment shall be made only when the physician meets one or

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more of the following conditions. The physician:

i) has admitting privileges at a hospital; or

ii) is certified or is eligible for certification in pediatrics or family practice by the medical speciality board recognized by the American Board of Medical Specialities; or

iii) is employed by or affiliated with a Federally Qualified Health Center; or

iv) is a member of the National Health Service Corps; or

v) has been certified by the Secretary of the Department of Health and Human Services as qualified to provide physicians' services to a child under 21 years of age; or

vi) has current, formal consultation and referral arrangements with a pediatrician or family practitioner for the purposes of specialized treatment and admission to a hospital. The written referral agreement is kept on file and is available for inspection at the physician's place of business, and details procedures for timely transfer of medical records; or

vii) has entered into a Maternal and Child Health provider agreement or has otherwise been transferred in from the Healthy Moms/Healthy Kids Program ~~provider agreement--or--receives--payment---authorization---for referral--from-the-Department's-independent-contractor described-in-Sections-140.928(a)(7)-and-140.932(a)~~.

B) The physician shall certify to ~~should-notify~~ the Department of the way in which he or ~~/~~ she meets the above criteria; and

C) Services to children are delivered in a manner consistent with the standards of the American Academy of Pediatrics and rules as published by the Illinois Department of Public Health (77 Ill. Adm. Code 630, Maternal and Child Health Services; 77 Ill. Adm. Code 665, Child Health Examinations; 77 Ill. Adm. Code 675, Hearing Screening; 77 Ill. Adm. Code 685, Vision Screening).

10)~~11)~~ Hysterectomy -- only if the individual has been informed, orally and in writing, that the hysterectomy will render her permanently incapable of reproducing and the individual has signed a written acknowledgement of receipt of the information. The Department will not pay for a hysterectomy which would not have been performed except for the purpose of rendering an individual permanently incapable of reproducing.

11)~~12)~~ Selected surgical procedures including:-

A) Tonsillectomies or Adenoidectomies

B) Hemorrhoidectomies

C) Cholecystectomies

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D) Disc Surgery/Spinal Fusion

E) Hysterectomies

F) Joint Cartilage Surgery/Meniscectomies

G) Excision of Varicose Veins

H) Submucous Resection/Rhinoplasty/Repair of Nasal System

I) Mastectomies for Non-Malignancies

J) Surgical procedures which generally may be performed in an outpatient setting (see Section 140.117) only if the Department authorizes payment. The Department will in some instances require that a second physician agree that the surgical procedure is medically necessary prior to approving payment for one of these procedures. The Department will require a second opinion when the attending physician has been notified by the Department that he will be required to obtain prior approval for payment for the surgeries listed. (See Sections 140.40 through 140.42 for prior approval requirements~~)~~.) The Department will select physicians for this requirement based on the recommendation of a peer review committee that has reviewed the utilization pattern of the physician.

12)~~13)~~ Mammography screening

A) Covered only when ordered by a physician for screening by low-dose mammography for the presence of occult breast cancer under the following guidelines:

i) a baseline mammogram for women 35 through 39 years of age;

ii) a mammogram every one to two years for women 40 through 49 years of age; or

iii) a mammogram once per year for women 50 years of age or older.

B) As used in this rule, "low-dose mammography" means the x-ray examination of the breast using equipment specifically designated for mammography that will meet appropriate radiological standards.

b) In cases where a physical examination by a second physician is needed, the Department will notify the recipient and designate a physician to perform the examination. Physicians will be subject to this requirement for six ~~(6)~~ months after which a request can be submitted to the peer review committee to consider removal of the prior approval requirement.

(Source: Amended at 19 Ill. Reg. _____, effective _____)

Section 140.460 Clinic Services

The following types of clinics are eligible to receive payment for clinic services:

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a) Hospital-based organized clinics;
b) Encounter rate clinics;
c) Federally Qualified Health Centers (FQHC):
d) Rural health clinics;
e) Mental health clinics ~~clinic services~~ (see Sections 140.452 through 140.456); and
f) Maternal and Child Health ~~Healthy Moms/Healthy Kids Managed Care~~ Clinics.

(Source: Amended at 19 Ill. Reg. _____, effective _____)

Section 140.461 Clinic Participation, Data and Certification Requirements

a) Hospital-based organized clinics must:
   1) Have an administrative structure, staff program, physical setting, and equipment to provide comprehensive medical care;
   2) Agree to assume complete responsibility for diagnosis and treatment of the patients accepted by the clinic, or provide, at no additional cost to the Department, for the acquisition of these services through contractual arrangements with external medical providers;
   3) Be adjacent to or on the premises of the hospital and be licensed under the Hospital Licensing Act or the University of Illinois Hospital Act; and
   4) Meet the applicable requirements of 89 Ill. Adm. Code 148.40(d).
b) Encounter rate clinics must be presently participating in the Medical Assistance Program. Individual practitioners associated with such centers may apply for participation in the Medical Assistance Program in their individual capacities. In order to participate in the Maternal and Child Health ~~Healthy Moms/Healthy Kids~~ Program, as described in Subpart G, encounter rate clinics shall be required to meet the additional participation requirements described in Section 140.924(a)(2)(B).
c) Rural health clinics must be certified by the Social Security Administration as meeting the requirements for Medicare participation.
d) Federally Qualified Health Centers (FQHC);
   1) Must be Health Centers which:
      A) receive a grant under Section 329, 330 or 340 of the Public Health Service Act; or
      B) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, are determined to meet the requirements for receiving such a grant.
   2) ~~In order to participate in the Healthy Moms/Healthy Kids Program, as described in Subpart G, FQHCs shall be required to meet the additional participation requirements described in Section 140.924(a)(2)(A).~~

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~~3)~~ Section 4602 of the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), which amended Section 1902(a)(55) of the Social Security Act (42 U.S.C. Section 1396a(a)(55), requires states to receive and initially process Medicaid applications from low-income pregnant women and children under the age of 19 at locations other than the local Public Aid office. Such a site is referred to as an outstation.
   A) Outstations will be located at those FQHCs which the Department determines serve heavy Medicaid populated areas. For areas in which the Department determines that maintaining outstation workers is not economical, the local Public Aid office will continue to be the application location.
   B) The FQHCs, which will provide outstation eligibility staff to accept and assist in the initial processing of the Medicaid DPA 2378MC application for pregnant women and children, will forward the completed application to the appropriate IDPA local office. Initial processing means accepting and completing the application, providing information and referrals, obtaining required documentation to complete processing of the application, assuring that the information contained on the application form is complete and conducting any necessary interviews. Neither the FQHCs nor the outstation workers will evaluate the information contained on the application, nor make any determination of eligibility or ineligibility. The IDPA local office is responsible for these functions.
   C) Costs allowable under the federal outstation mandate for completing form DPA 2378MC will be itemized in Section B of Schedule I of the FQHC Medicaid cost report and will be provided annually in the FQHC cost reporting process. These allowable costs will be collected, computed and calculated, and will result in the establishment of an outstation administrative rate and a Medicaid rate. The allowable costs are:
      i) Salary of outstation worker;
      ii) Fringe benefits;
      iii) Training;
      iv) Travel; and
      v) Supplies.
   D) FQHC outstation workers must receive certification through Maternal and Child Health (MCH) process training by the Department before they begin to perform eligibility processing functions. Failure to become certified results in any MCH application completed by an ineligible worker being non-allowed on the cost report.
   E) FQHCs must have adequate staff trained with proper backup to accommodate unforeseen problems. FQHCs must be able to meet

the demand of this initiative, either using staff at one location or rotating staff as dictated by workload or staffing availability. The FQHC must have staff available at each outstation location during regular office operating hours.

F) Outstation intake staff may perform other FQHC intake processing functions, but the time spent on outstation activities must be documented and must be identifiable for cost reporting and auditing purposes.

G) The FQHC must display a notice in a prominent place at the outstation location advising potential applicants of the times that outstation intake workers will be available. The notice must include a telephone number that applicants may call for assistance.

H) The FQHC must comply with federal and State laws and regulations governing the provision of adequate notice to persons who are blind or deaf or who are unable to read or understand the English language.

e) Individual practitioners associated with such centers may apply for participation in the Medical Assistance Program in their individual capacities.

f) Maternal and Child Health ~~Healthy--Moms/Healthy--Kids--Managed--Care~~ Clinics

1) Types of Clinics

The following clinics shall qualify as Maternal and Child Health ~~Healthy-Moms/Healthy-Kids-Managed-Care~~ Clinics ~~are as follows:~~

A) Certified Hospital Ambulatory Primary Care Centers (CHAPCC), which are hospital-based organized outpatient clinics, as described in subsection (a) above, meeting the participation, data and certification requirements described in subsections (f)(2) through (f)(5) below, that, through staff and supporting resources, provide ambulatory primary care to Medicaid children from birth through 20 years of age, and pregnant women in a non-emergency room setting. At least 50% percent of all staff physicians providing care in a CHAPCC must routinely provide obstetric, pediatric, internal medicine, or family practice care in the clinic setting, and at least 50% percent of patient visits to the CHAPCC must be for primary care.

B) Certified Hospital Organized Satellite Clinics (CHOSC), which are clinics meeting the participation, data and certification requirements described in subsections (f)(2) through (f)(5) below, that are owned, operated, and/or managed by a hospital but do not qualify as hospital-based organized clinics, as described in subsection (a) above, because they are not located adjacent to or on the premises of the hospital or are not licensed under the Hospital Licensing Act or the University of Illinois Hospital Act.

Through staff and supporting resources, these clinics provide ambulatory primary care in a non-emergency setting to Medicaid children from birth through 20 years of age, and to pregnant women. At least 50% percent of all staff physicians providing care in a CHOSC must routinely provide obstetric, pediatric, internal medicine, or family practice care in the clinic setting, and at least 50% percent of patient visits to the CHOSC must be for primary care. Primary care consists of basic health services provided by a physician or other qualified medical professional to maintain the day-to-day health status of a patient, without requiring the level of medical technology and specialized expertise necessary for the provision of secondary and tertiary care. CHOSCs shall meet the requirements in subsections (a)(1) and (a)(2) above.

C) Certified Obstetrical Ambulatory Care Centers (COBACC), which are hospital-based organized clinic entities, as described in subsection (a) above, meeting the participation, data and certification requirements described in subsections (f)(2) through (f)(5) below, that, through staff and supporting resources, provide primary care and specialty services to Medicaid-eligible pregnant women, especially those determined to be non-compliant or at high risk, in an outpatient setting.

D) Certified Pediatric Ambulatory Care Centers (CPACC), which are hospital-based organized clinic entities, as described in subsection (a) above, owned and operated by a hospital as described in 89 Ill. Adm. Code 149.50(c)(3), and meeting the participation, data and certification requirements described in subsections (f)(2) through (f)(5) below, that, through staff and supporting resources, provide pediatric primary care and specialty services as described in Section 140.462(e)(3)(C) to Medicaid enrolled children with specialty needs, ~~as described in Section 140.462(e)(3)(C),~~ from birth through 20 years of age in an outpatient setting. Hospitals with CPACCs must also provide primary care for at least 1,500 children, either through its CPACC or through a CHAPCC, CJOSC or encounter rate clinic operated by the same hospital ~~not eligible for enrollment in the CPACC, as part of a CHAPCC, as described in subsection (f)(1)(A) above, or an encounter rate clinic, as described in Section 140.461(b) and Section 140.924(a)(2)(B)~~. Hospitals unable to meet this volume requirement must agree to serve as a specialty referral site for another hospital operating a CPACC through a written agreement submitted to the Department.

2) General Participation Requirements

In addition to the Maternal and Child Health ~~Healthy-Moms/Healthy Kids--provider~~ participation requirements described in Section

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140.924(a)(1), the Maternal and Child Health ~~Healthy Moms/Healthy Kids managed care~~ clinics identified in subsection (f)(1) above must:

~~A) Provide managed care to clients, as described in Section 140.922(b)(1);~~

A)~~B)~~ Be operated by a disproportionate share hospital, as described in 89 Ill. Adm. Code 148.120, be staffed by board certified/eligible physicians who have hospital admitting and/or delivery privileges, be operated by a hospital in an organized corporate network of hospitals having a total of more than 1,000 staffed beds, and agree to provide care for a minimum of 100 pregnant women or children ~~Healthy Moms/Healthy Kids clients~~; or be a primary care teaching site of an organized academic department of:

i) In the case of clinics described in subsections (f)(1)(A) and (f)(1)(B) above, a pediatric or family practice residency program accredited by the American Accreditation Council for Graduate Medical Education or other published source of accrediting information.

ii) In the case of clinics described in subsection (f)(1)(C) above, an obstetrical residency program accredited by the American Accreditation Council for Graduate Medical Education or other published source of accrediting information with at least 130 full-time equivalent residents.

iii) In the case of clinics described in subsection (f)(1)(D) above, a pediatric or family practice residency program accredited by the American Accreditation Council for Graduate Medical Education or other published source of accrediting information with at least 130 full-time equivalent residents;

B)~~C)~~ Under the direction of a board certified/eligible physician who has hospital admitting and/or delivery privileges and provides direct supervision to residents practicing in the certified ambulatory site, provide:

i) In the case of clinics described in subsections (f)(1)(A) and (f)(1)(B) above, primary care.

ii) In the case of clinics described in subsection (f)(1)(C) above, obstetric and specialty services.

iii) In the case of clinics described in subsection (f)(1)(D) above, primary care and specialty services;

C)~~B)~~ Maintain a formal, ongoing quality assurance program that meets the minimum standards of the Joint Commission on Accreditation of Health Care Organizations (JCAHO);

D)~~E)~~ Provide historical evidence of fiscal solvency and financial projections for the future, in a manner specified by the Department; and

E)~~F)~~ Utilize a formal client tracking and care management system

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that affords timely maintenance of, access to, and continuity of medical records without compromising client confidentiality.~~,~~ ~~and~~

~~G) In accordance with the terms of the Department's Healthy Moms/Healthy Kids program manual and provider agreement for the applicable Healthy Moms/Healthy Kids managed care clinic identified in subsection (f)(1) above, provide specific Healthy Moms/Healthy Kids client assignment capacity proposals to the Department and agree to accept site specific enrollment and primary care practitioner responsibility for a specified minimum number of:~~

~~i) In the case of clinics described in subsections (f)(1)(A) and (f)(1)(B) above, clients assigned by the Department or its agent;~~

~~ii) In the case of clinics described in subsection (f)(1)(C) above, high risk and/or non-compliant pregnant women assigned by the Department or its agent;~~

~~iii) In the case of clinics described in subsection (f)(1)(B) above, children assigned by the Department or its agent;~~

3) Special Participation Requirements

In addition to the Maternal and Child Health ~~Healthy Moms/Healthy Kids~~ provider participation requirements described in Section 140.924(a)(1), and the general participation requirements described in subsection (f)(2) above, special participation requirements shall apply as follows:

A) Clinics described in subsections (f)(1)(A) and (f)(1)(B) above must:

i) Serve a total population that includes at least 20% Medicaid and medically indigent clients;

ii) Perform a risk assessment on pregnant women assigned to them in order to determine if the woman is at high risk; and

iii) Provide or arrange for specialty services when needed by pregnant women or children ~~Healthy Moms/Healthy Kids clients~~.

B) Clinics described in subsection (f)(1)(C) must:

i) Be a distinct department of a hospital that also operates as a Level II or Level III perinatal center;

ii) Provide services to pregnant women demonstrating the need for extensive health care services due to complicated medical conditions placing them potentially at high risk of abnormal delivery, including substance abuse or addiction problems. Hospital clinics will not qualify to participate unless they provide both primary and specialty services to women who currently are Medicaid clients,

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or Medicaid-eligible women who receive services at the COBACCs; in this capacity, COBACC's, as perinatal centers, shall serve ~~also agree to accept assignment of~~ pregnant women determined to be at high risk of abnormal delivery;

iii) Operate a designated 24-hour per day emergency referral site with a defined practice for the care of obstetric emergencies;

iv) Have an established program of services for the treatment of substance-abusing pregnant women;

v) Integrate an accredited obstetrical residency program with subspecialty residency programs to encourage future physicians to devote part of their professional services to disadvantaged and underserved high-risk pregnant women; and

vi) Operate organized ambulatory clinics for children that are easily accessible to the medically underserved.

C) Clinics described in subsection (f)(1)(D) above must:

i) Provide primary and specialty services for children demonstrating the need for extensive health care services due to a chronic condition as described in Section 140.462(e)(3)(C)~~:---EPAEEs--shall--not-enroll children-who-receive-specialty-services-from-the-EPAEE entity-but-receive-primary-care-outside-the-EPAEE,-and do-not-have-a-diagnosed-condition--contained--in,--but not----limited----to,----those---listed---in---Section 140.462(e)(3)(C)-requiring-specialty--services--unless the--child--is--the--sibling--of--a--EPAEE-eligible-or enrolled-individual~~;

ii) Operate a designated 24-hour per day emergency referral site with a defined practice for the care of pediatric emergencies;

iii) Provide access to necessary pediatric primary and specialty services within 24 hours after referral;

iv) Be a distinct department of a disproportionate share hospital, as described in 89 Ill. Adm. Code 148.120(a)(5);

v) Integrate an accredited pediatric or family practice residency program with subspecialty residency programs to encourage future physicians to devote part of their professional services to disadvantaged and underserved children with specialty needs; and

vi) Operate organized ambulatory clinics for children that are easily accessible to the medically underserved.

4) Data Requirements

The Maternal and Child Health ~~Healthy-Moms/Healthy--Kids--managed care~~ clinics described in subsection (f)(1) above shall be required to submit patient level historical data to the

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Department, which may include, but shall not be limited to historical data on the use of the hospital emergency room department.

5) Certification Requirements

Certification of qualifying status of a Maternal and Child Health ~~Healthy--Moms/Healthy--Kids--managed--care~~ clinic identified in subsection (f)(1) above shall occur annually during the first two years of participation and every other year thereafter. In addition:

A) The certification process shall consist of a review of the completed application and related materials to determine provisional certification status. Those centers submitting approved applications shall then be reviewed on-site by Department staff within 60 days after application approval. Final notification of certification status shall be rendered within 30 days after the site review, pending provider submittal of a written plan of correction for any deficiencies discovered during the entire application process.

B) Entities interested in becoming a Maternal and Child Health ~~Healthy-Moms/Healthy-Kids-managed-care~~ clinic must direct a written request for an application packet to the following address:

Maternal and Child Health Clinic ~~Managed-Care Clinic~~ Certification
Bureau of Hospital Services
Illinois Department of Public Aid
201 South Grand Avenue East, Concourse
Springfield, Illinois 62763-0001

C) Certification status shall be suspended for Maternal and Child Health ~~Healthy-Moms/Healthy-Kids-managed-care~~ clinics identified in subsection (f)(1) above that do not submit data to the Department, as required under subsection (f)(4) above, within 180 days after the Department's request for the submittal of such data.

(Source: Amended at 19 Ill. Reg. _____, effective _____)

Section 140.462 Covered Services in Clinics

Payment shall be made to clinics for the following types of services when provided by, or under the direction of, a physician:

a) Hospital-based organized clinics~~:~~

1) With respect to those hospital-based organized clinics that qualify as Maternal and Child Health ~~Healthy--Moms/Healthy--Kids managed--care~~ clinics, as described in Section 140.461(f)(1), covered services are those described in subsection (a) below, as

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appropriate.

2) With respect to all other hospital-based organized clinics, covered services are those described in 89 Ill. Adm. Code 148.

b) Encounter rate clinics:

1) With respect to those encounter rate clinics that qualify as Maternal and Child Health ~~Healthy-Moms/Healthy-Kids~~ providers, as described in Section 140.924(a)(2)(B), covered services are those described in Section 140.922.

2) With respect to all other encounter rate clinics, covered services are medical services which provide for the continuous health care needs of persons who elect to use this type of service.

c) Rural health clinics:

1) Physician's services, including covered services of nurse practitioners, nurse midwives and physician-supervised physician assistants.

2) Medically-necessary services and supplies furnished as an incident to a physician's professional services.

d) Federally Qualified Health Centers:

~~1) With respect to those FQHC's that qualify as Healthy Mom's/Healthy Kids providers, as described in Section 140.924(a)(2)(A), covered services are those described in Section 140.922.~~

~~2)~~ ~~With respect to all other FQHC's,~~ covered Covered services are the following services, when delivered in a clinic setting as described in 42 CFR 440.90 (1989):~~,~~

1)~~A)~~ Physician's services, including covered services of nurse midwives, nurse practitioners and physician-supervised physician assistants; and~~,~~

2)~~B)~~ Medically-necessary services and supplies furnished by or under the direction of a physician or dentist within the scope of licensed practice, including:

A)~~i)~~ medical case management;

B)~~ii)~~ laboratory services;

C)~~iii)~~ occupational therapy;

D)~~iv)~~ patient transportation;

E)~~v)~~ pharmacy services;

F)~~vi)~~ physical therapy;

G)~~vii)~~ podiatric services for persons under 21 years of age;

H)~~viii)~~ psychological services;

I)~~ix)~~ services required to be provided by Section 329.330 or 340 of the Public Health Service Act;

J)~~x)~~ speech and hearing services;

K)~~xi)~~ x-ray services;

L)~~xii)~~ health education;

M)~~xiii)~~ dental services for persons under 21 years of age; and

N)~~xiv)~~ nutrition services.

e) Maternal and Child Health ~~Healthy--Moms/Healthy--Kids--Managed--Care~~

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Clinics:

Payment shall be made to the Maternal and Child Health ~~Healthy Moms/Healthy--Kids--managed--care~~ clinics identified in Section 140.461(f)(1) for the following services when provided by, or under the direction of, a physician:

1) In the case of clinics described in Sections 140.461(f)(1)(A) and 140.461(f)(1)(B), primary care services delivered by the clinic, which must include, but are not necessarily limited to:

A) Early, periodic, screening, diagnostic, and treatment (EPSDT) services as defined in Section 140.485;

B) Childhood risk assessments to determine potential need for mental health and substance abuse assessment and/or treatment;

C) Regular immunizations for the prevention of childhood diseases;

D) Follow-up ambulatory medical care deemed necessary, recommended, or prescribed by a physician as a result of an EPSDT screening;

E) Routine prenatal care, including risk assessment, for pregnant women; and

F) Specialty care as medically needed.

2) In the case of clinics described in Section 140.461(f)(1)(C), primary care and specialty services delivered by the clinic, which must include, but are not necessarily limited to:

A) Prenatal care, including risk assessment (one risk assessment per pregnancy);

B) All ambulatory treatment services deemed medically necessary, recommended, or prescribed by a physician as the result of the assessment; and

C) Services to pregnant women with diagnosed substance abuse or addiction problems.

3) In the case of clinics described in Section 140.461(f)(1)(D):

A) Comprehensive medical and referral services.

B) Primary care services, which must include, but are not necessarily limited to:

i) early, periodic, screening, diagnostic, and treatment (EPSDT) services as defined in Section 140.485;

ii) regular immunizations for the prevention of childhood diseases; and

iii) follow-up ambulatory medical care deemed necessary, recommended, or prescribed by a physician as the result of an EPSDT screening.

C) Pediatric specialty services, which must include, at a minimum, necessary treatment for:

i) asthma,

ii) congenital heart disease,

iii) diabetes, and

iv) sickle cell anemia.

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D) Ambulatory treatment for other medical conditions as specified in the center's certificate application and as approved by the Department.

(Source: Amended at 19 Ill. Reg. _____, effective _____)

Section 140.463 Clinic Service Payment

a) Hospital-Based Organized Clinics
   1) With respect to those hospital-based organized clinics that qualify as Maternal and Child Health ~~Healthy--Moms/Healthy--Kids managed--care~~ clinics, as described in Section 140.461(f)(1), payment shall be in accordance with Section 140.930 ~~140.464~~.
   2) With respect to all other hospital-based organized clinics, payment shall be in accordance with 89 Ill. Adm. Code 148.140.

b) Encounter Rate Clinic. ~~1)~~ Payment shall be made at the lesser of:
   1)~~A)~~ The clinic's approved all inclusive interim per encounter rate as of May 1, 1981; or
   2)~~B)~~ $50.00 per encounter; or
   3)~~C)~~ the clinic charge to the general public.
   ~~2) Encounter-rate-clinics-that-qualify-as-Healthy-Moms/Healthy--Kids providers,---as--described--in--Section--140.924(a)(2)(B),--shall receive--a--patient--management--fee,--as--described--in--Section 140.930(b),--in--addition--to--the--reimbursement--described---in subsection-(b)(1)-above.~~

c) Federally Qualified Health Centers (FQHC):
   1) Medical Encounter Rate
      A) Payment for services rendered after March 31, 1990, shall be made at an individual, all inclusive, prospective per diem rate calculated on the basis of the Department's encounter rate methodology and audited provider fiscal information reported on the Medicaid Freestanding Federally-Funded Health Center Worksheet (Health Care Financing Administration Form 242), as supplemented by FQHC Medicaid supplemental Schedules A, B and C reflecting the actual costs of delivering encounter services as listed in Section 140.462(d) ~~(a)(4)~~.
      B) All cost reports will be audited by the Department to determine allowable costs for rate setting. The provider will be advised of any adjustments resulting from these audits.
      C) New rates effective each July 1 will be based on certified cost information from the provider's most recently audited fiscal year.
      D) Allowable costs will be updated to the midpoint of the rate year by an inflation factor derived from published economic indices.

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E) Interim payment for covered services rendered by FQHCs enrolled as of March 31, 1990, for which no audited costs are available shall be made at the individual FQHC rate in effect on March 31, 1990, as established by the Department.
F) Interim payment for covered services rendered by FQHCs enrolled between March 31, 1990 and January 1, 1991, shall be made at the higher of:
   i) the provider's approved Medicare rate established by the designated federal intermediary for Rural Health Center or Federally Funded Health Center Services; or
   ii) the 75th percentile of the statewide range of the Department's established encounter clinic rates (as defined in subsection (a) above) as of March 31, 1990.
G) Payment shall be made at the interim rate to FQHCs enrolled before January 1, 1991, for covered services rendered from the later of the date of enrollment or April 1, 1990, until the certified date of provider receipt of the cost-based rate established by the Department for that provider.
H) When an individual cost-based rate has been established by the Department in accordance with the method described in subsection (c)(1)(A) above, the Department shall reconcile interim payments made for covered services.
   i) Rate retroactivity from April 1, 1990, will only apply to clinics enrolled as of March 31, 1990, which submit an application to the Public Health Service for Federally Qualified Health Center status by November 1, 1990, and are subsequently designated as federally qualified.
   ii) If the cost-based rate is higher than the interim rate, the Department shall pay the provider the rate differential for each claim paid at the interim rate.
   iii) If the cost-based rate is lower than the interim rate, the provider shall refund to the Department the rate differential for each claim paid at the interim rate, either by direct payment to the Department or as a credit applied against future service claims.
I) Interim payment for covered services rendered by FQHCs enrolled on or after January 1, 1991, shall be made at the higher of:
   i) the provider's approved Medicare rate established by the designated federal intermediary for Rural Health Centers and Federally Funded Health Centers Services; or
   ii) the median of the statewide range of the Department's established cost-based FQHC rates in effect at the time of enrollment.
J) Payment shall be made at the interim rate for Centers enrolled on or after January 1, 1991, for covered services

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rendered between the date of enrollment and 30 days after the date of Department receipt of the complete and correct cost report of the provider. Payment for covered medical services rendered by the provider 30 days after Department receipt of the provider's complete and correct cost report will be made at the rate determined on the basis of the submitted cost report and the Department's FQHC rate methodology.

K) If the FQHC has not submitted the required audited fiscal information on the forms specified in subsection (c)(1)(A) of this Section within 90 days of the certified date of receipt of the forms, the Department shall suspend payment for covered medical services until the required information is received by the Department, unless the enrolled Center has been in operation less than one year and has no audited cost history.

L) Enrolled FQHCs which have been in operation less than one year and have no audited cost history must submit required audited fiscal information reflecting the first six months of operation on the forms specified in subsection (c)(1)(A) of this Section, within 90 days after the later of the end of the sixth month of operation or the certified mail date of receipt of the forms. The rate calculated from these costs will be in effect for services rendered on and after the first day of the month following the month of receipt of the required fiscal information by the Department.

M) The Department will not process a claim for payment of FQHC services rendered after June 30, 1990, that does not indicate all individual medical services delivered during the encounter, by procedure code.

2) Dental Encounter Rate

A) Payment for dental services rendered after March 31, 1990, shall be made at an individual, all inclusive, prospective per diem rate calculated on the basis of the Department's encounter rate methodology and audited provider fiscal information reported on the Medicaid Freestanding Federally-Funded Health Center Worksheet (Health Care Financing Administration Form 242), as supplemented by FQHC Medicaid supplemental Schedules A, B, and C reflecting the actual costs of delivering dental services.

B) Direct costs related to operation of the clinic in order to provide allowable dental services will be reported on the cost report and used in the rate calculation process.

C) All cost reports will be audited by the Department to determine allowable costs for rate setting. The provider will be advised of any adjustments resulting from these audits.

D) New rates effective each July 1 will be based on certified

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cost information from the provider's most recently audited fiscal year.

E) Allowable costs will be updated to the mid point of the rate year by an inflation factor derived from published economic indices.

F) Payment for covered dental services shall be made by the Department's prepaid dental service contractor.

G) When an individual cost-based rate has been established by the Department in accordance with the method described in subsection (c)(?)(A) above, the Department's prepaid dental service contractor shall reconcile interim payments made for covered dental services.

i) Rate retroactivity will only apply to clinics enrolled as of March 31, 1990 which submit an application to the Public Health Service for Federally Qualified Health Center status by November 1, 1990, and are subsequently designated as federally qualified.

ii) If the cost-based rate is higher than the interim rate, the Department's prepaid dental service contractor shall pay the provider the rate differential for each claim paid at the interim rate.

iii) If the cost-based rate is lower than the interim rate, the provider shall refund to the Department the rate differential for each claim paid at the interim rate.

H) Interim payment for covered dental services rendered by FQHCs enrolled on or after January 1, 1991 shall be made at the median of the statewide range of the Department's established cost-based FQHC dental rates in effect at the time of enrollment.

I) Payment shall be made at the interim rate for Centers enrolled on or after January 1, 1991, for covered dental services rendered between the date of enrollment and 30 days after the date of the Department receipt of the complete and correct cost report of the provider. Payment for covered dental services rendered by the provider after 30 days of Department receipt of the provider's complete and correct cost report will be made at the rate determined on the basis of the submitted cost report and the Department's FQHC rate.

J) If the FQHC has not submitted the required audited fiscal information on the forms specified in subsection (c)(2)(A) above within 90 days of the certified mail date of receipt of the forms, the Department's prepaid dental service contractor shall suspend payment for covered dental services until the required information is received by the Department, unless the enrolled Center has been in operation less than one year and has no audited cost history.

K) Enrolled FQHCs which have been in operation less than one year and have no audited cost history must submit required

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audited fiscal information reflecting the first six months of operation on the forms specified in subsection (c)(2)(A) within 90 days after the later of the end of the sixth month of operation or the certified date of receipt of the forms. The rate calculated from these costs will be in effect for dental services rendered on and after the first day of the month following the month of receipt of the required fiscal information by the Department.

3) Rate Appeals Process

A) All appeals of audit adjustments or rate determinations must be submitted in writing to the Department. Appeals submitted within 30 calendar days of the rate notification, if upheld, shall be made effective as of the beginning of the rate year. The effective date of all other upheld appeals shall be the first day of the month following the date the completed appeal was submitted. Appeals for any rate year must be filed before the close of the rate year.

B) To be accepted for review, the written appeal shall include:

i) The current approved reimbursement rate, allowable costs, and the additional reimbursable costs sought through the appeal;

ii) A clear, concise statement of the basis for the appeal;

iii) A detailed statement of financial, statistical, and related information in support of the appeal, indicating the relationship between the additional reimbursable costs as submitted and the circumstances creating the need for increased reimbursement;

iv) A citation to any mandated or contractual requirement pertinent to the appeal; and

v) A statement by the provider's chief executive officer or financial officer that the application of the rate appeal and information contained in the vendor's reports, schedules, budgets, books, and records submitted are true and accurate.

C) Rate appeals may be considered for the following reasons:

i) Mechanical or clerical errors committed by the provider in reporting historical expenses used in the calculation of allowable costs.

ii) Mechanical or clerical errors committed by the Department in auditing historical expenses as reported and/or in calculating reimbursement rates.

iii) The Department and the provider have entered into a written agreement to amend, alter, or modify substantive programmatic or management procedures attendant to the delivery of services, which have a substantial impact upon the costs of service delivery.

iv) Substantial treatment service charges are required as

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a result of mandated regulatory charges.

v) Substantial changes in the physical plant are required as a result of mandated licensure requirements ~~reequirements~~. In such instances, the provider must submit a plan of corrections for capital improvements approved by the licensing authority, along with the required cost information.

vi) State and/or Federal regulatory requirements have generated a substantial increase in allowable costs.

D) The Department shall rule on all appeals within 120 calendar days of receipt of the appeal except that, if additional information is required from the facility, the period shall be extended until such time as the information is provided.

E) Appeals shall be submitted to the Department's Bureau of Comprehensive Health Services, 3rd floor Bloom Building, 201 South Grand Avenue East, Springfield, Illinois 62763.

~~4) PQHC's that qualify as Healthy Moms/Healthy Kids providers, as described in Section 140.924(a)(2)(A), shall receive a patient management fee, as described in Section 140.930(b), in addition to the reimbursement described in subsection (c)(1) above.~~

d) Maternal and Child Health ~~Healthy Moms/Healthy Kids~~ Managed Care Clinics. ~~.~~ Payment shall be made in accordance with Section 140.930 ~~140.464~~.

(Source: Amended at 19 Ill. Reg. _____, effective _____)

Section 140.464 Healthy Moms/Healthy Kids Managed Care Clinics (Repealed)

~~Payment for services provided by Healthy Moms/Healthy Kids managed care clinics, as described in Section 140.461(f)(1), shall be as follows:~~

~~a) In the case of clinics described in Sections 140.461(f)(1)(A), 140.461(f)(1)(B), and 140.461(f)(1)(C), payment shall be in accordance with Section 140.930(a)(1), except for:~~

~~1) Those services that meet the definition of the Hospital Ambulatory Care Program as described in 89 Ill. Adm. Code 140.140(a)(3), which shall be reimbursed in accordance with 89 Ill. Adm. Code 140.140(a)(3);~~

~~2) End stage renal disease treatment (ESRD) services, which shall be reimbursed in accordance with 89 Ill. Adm. Code 140.140(b); and~~

~~3) Those services provided by encounter rate hospitals, as described in 89 Ill. Adm. Code 140.140(c), which shall be reimbursed in accordance with 89 Ill. Adm. Code 140.140(c);~~

~~b) In the case of clinics described in Section 140.461(f)(1)(D), payment shall be made as follows:~~

~~1) Reimbursement for Non Assigned Clients Covered services, as described in Section 140.462(e)(3), provided to Healthy~~

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Moms/Healthy--Kids-program-clients-that-have-not-been-assigned-to the-CPAC-by-the-Department-or-its-agent-shall-be--reimbursed--in accordance-with-subsection-(a)-above.

2) Reimbursement-for-Assigned-Clients
Except--as--indicated-in-subsections-(b)(3)-through-(b)(5)-below, covered-services,-as-described-in-Section-140.462(e)(3),-shall-be reimbursed-on-an-all-inclusive-encounter-basis-when--rendered--by the--certified--center--or--other--certified-CPAC-site-owned-and operated--by--a--common--corporate--entity,--to---those---Healthy Moms/Healthy-Kids-clients-assigned-by-the-Department-or-its-agent to---that---particular---CPAC---as--the--client's--primary--care practitioner.---The--all-inclusive--encounter---rate---shall---be calculated-as-follows:
A) Newly-certified--CPAC's-shall-be-paid-an-encounter-rate-for covered-services,-as--described--in--Section--140.462(e)(3), except--as--indicated--in--subsections-(b)(3)-through-(b)(5) below,--equal--to--the---Department's---established---median encounter--rate--for--Chicago--Federally--Qualified--Healthy Centers--(FQHC's),--excluding--those--operated-by-a-unit-of city-government.
B) The-rate--shall--be--in--effect--for--covered--services,--as described--in--Section-140.462(e)(3),-except-as-indicated-in subsections-(b)(3)-through-(b)(5)--below,--rendered--by--the CPAC--on--or-after-the-effective-date-of-the-CPAC's-Health Moms/Healthy-Kids-provider-agreement-with-the-Department.

3) Ambulatory-surgery-and-diagnostic-procedures--currently--included in--the--Department's-Hospital-Ambulatory-Care-List,-as-described in-89-Ill.--Adm.--Code--140.140(a)(3),--shall--be--reimbursed--in accordance-with-89-Ill.-Adm.-Code-140.140(a)(3).

4) Costs--associated--with--pharmacy-services-provided-by-the-CPAC, with-the-exception-of-those-pharmacy-service--costs--incurred--in conjunction--with--the--procedures-described-in-subsection-(b)(3) above,-shall-be-reimbursed-in-accordance--with--the--Department's established-fee-schedule-for-covered-drug-items.

5) In--addition--to-the-reimbursement-described-in-subsection-(b)(1) through-(b)(4)-above,-CPAC's-shall-receive-a-patient--management fee-as-described-in-Section-140.930(b).

6) Payment--shall--be--limited--to--not--more-than-one-encounter-per client-per-day.

7) CPAC-encounter-rates-shall--be--annually--established--effective each--October--1,--and-will-be-entirely-prospective.--No-year-end reconciliation-will-occur.

(Source: Repealed at 19 Ill. Reg. _____, effective _____)

Section 140.485 Healthy Kids Program

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a) Program Description
1) The Healthy Kids Program is the Early and Periodic Screening, Diagnosis and Treatment Program mandated by the Social Security Act (see 42 U.S.C. 1396a(43), 1396d(4)(B)(Supp. 1987)).
The goals of the program are to:
A) improve the health status of Medicaid-eligible children ages birth through 20 years through the provision of preventive medical care and early diagnosis and treatment of conditions threatening the child's health; and
B) reduce the long term costs of medical care to eligible children.
2) The Department strives to achieve these goals by offering the following services at no cost to an eligible child, except as may be limited by a spend down requirement:
A) periodic and interperiodic health, vision, hearing and dental screening services to meet the health care needs of children (see Section 140.488(a) through (d));
B) immunizations against childhood diseases (see Section 140.488(e));
C) diagnostic laboratory procedures as described in Section 140.488(f);
D) further diagnosis or treatment necessary to correct or ameliorate defects and physical or mental illnesses or conditions which are discovered or determined to have increased in severity by a provider as the result of a periodic or interperiodic health, vision, hearing or dental screening;
E) referral for dental care beginning at age two; and
F) assistance in locating a provider, scheduling an appointment and in arranging transportation to and from the source of medical care.
3) The Department also strives to protect each eligible person's right to freedom of choice regarding participation and selection of a health care provider and the right to continuity of care.

b) Eligibility. Services are available to those persons listed in Section 140.3, except that such persons must be under 21 years of age at the time of receiving such services.

c) Provider Participation. Providers of Healthy Kids services must be duly licensed or certified according to applicable Federal or State law or rule and be enrolled in the Illinois Medical Assistance Program to provide one or more Healthy Kids Program services as authorized in Title XIX of the Social Security Act and the Illinois Medical Assistance Program State Plan (as set forth in 140.11 thru 140.835).

d) Program Activities and Services
1) Informing Clients. The Department shall inform eligible persons in writing about the benefits of preventive health care, the services which are available, and procedures by which eligible persons may request and receive assistance in identifying an

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enrolled provider, scheduling an appointment or arranging transportation to and from the source of medical care. Effective July 1, 1990, the Department shall also notify Medicaid-eligible pregnant women, postpartum women during the six months after termination of pregnancy, women up to one year postpartum who are breastfeeding their infants or children below the age of five years of their potential eligibility for receiving services through the Special Supplemental Food Program for Women, Infants and Children which is administered by the Illinois Department of Public Health (IDPH). The informing of eligible persons shall be done as described in the Timeliness Standards contained in Section 140.487.

2) Periodic Medical Screenings. The Department will pay for a series of periodic medical screenings scheduled from a person's birth through age 20. The Periodicity Schedule of screenings is contained in Section 140.488. The Department will pay for additional health screenings when necessary for:
   A) enrollment in school; or
   B) enrollment in a licensed day care program, including Headstart; or
   C) placement in a licensed child welfare facility, including a foster home, group home or child care institution; or
   D) attendance at a camping program; or
   E) participation in an organized athletic program; or
   F) enrollment in an early childhood education program recognized by the Illinois State Board of Education; or
   G) participation in a Women, Infant and Children (WIC) program; or
   H) is requested by a child's parent, guardian or custodian, or is determined to be necessary by social services, developmental, health, or educational personnel.
3) Dental Screenings
   A) Dental services shall include services for relief of pain and infections, restoration of teeth, and maintenance of dental health, including instruction in self care oral hygiene procedures.
   B) Eligible persons shall be referred for dental screenings beginning at age two if the person is not in the continuing care of an enrolled dental provider, except that a child younger than age two years may be referred for dental services when any health screening indicates the need for dental services.
   C) The periodicity schedule for dental screening services is contained in Section 140.488. The Department will pay for one dental screening per age period unless a second screening is medically necessary.
4) Vision Screening
   A) The Department will pay for vision screening services, and

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diagnosis and treatment for defects in vision, including glasses.
   B) The periodicity schedule for vision screenings is contained in Section 140.488. The Department will pay for one vision screening per age period, except when a second screening is determined to be medically necessary.
5) Hearing Screening. The Department will pay for hearing screenings and diagnosis and treatment for defects in hearing, including hearing aids. The periodicity schedule for hearing screenings is contained in Section 140.488. The Department will pay for one hearing screening per age period, except when a second screening is determined to be medically necessary.
6) Immunizations. The Department will pay for the immunization of eligible children against childhood diseases. The list of covered immunizations is contained in Section 140.488(b).
7) Diagnostic Procedures
   A) Lead Screening
      i) The Department requires that lead screening shall be performed in compliance with the "Lead Poisoning Prevention Act, Public Act 87-175", as amended, effective January 1, 1992. Children between the ages of six months to six years should be screened for lead poisoning at priority intervals. Screenings and medical follow up shall be performed in accordance with the "Guidelines for the Detection and Management of Lead Poisoning for Physicians and Health Care Providers", published by the Illinois Department of Public Health. These guidelines recommend that those children at highest risk be screened on a regular basis. High risk environmental situations include housing built before 1978, housing which is being renovated or remodeled, or which is in deteriorating condition. Children six years and older shall also be screened, where medically indicated or appropriate.
      ii) The Department will pay for lead screening as indicated in subsection (d)(7)(A)(i) above or as required for admission by a day care center, day care home, preschool, nursery school, kindergarten, or other child care facility or educational facility licensed by the State.
      iii) The Department will pay for epidemiological study of the child's living environment when the child has been diagnosed as having an elevated blood lead level for the purpose of identifying the source of lead exposure.
   B) The Department will pay for the administration of all other medically necessary diagnostic procedures performed during or as the result of medical screenings.

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8) Treatment. The Department shall pay for necessary medical care (see Section 140.2), diagnostic services, treatment or other measures medically necessary (e.g., medical equipment and supplies) to correct or ameliorate defects, and physical and mental illnesses and conditions which are discovered or determined to have increased in severity by medical, vision, hearing or dental screening services.

9) Assistance Services. The Department shall, upon request, provide assistance to eligible children and their parent, guardian or custodian to locate a provider, schedule an appointment or arrange transportation to and from the source of medical care.

10) Timeliness Standards. The Timeliness Standards in Section 140.487 will govern the completion of required activities and services.

e) Reimbursement to Providers

1) Fee-for-service. Provider's enrolled in the Maternal and Child Health Program ~~Healthy-Moms/Healthy-Kids-program~~, as described in Subpart G, will receive enhanced rates for certain services, as described in Section 140.930(a)(1). Payment will be made at the provider's usual and customary charges or the established Department rate(s) (see Section 140.400), whichever is less, for providers not enrolled in the Maternal and Child Health Program ~~Healthy---Moms/Healthy---Kids--program~~. Reimbursement for the administration of immunizations to an eligible person will be made at rates established by the Department. The provider will receive replacement vaccines as explained in subsection (e)(3) below.

2) Claims. Claims for reimbursement shall be submitted on the form and in a manner specified by the Department.

3) Vaccine Replacement Program. When a provider administers an immunization to an eligible child, the vaccines ~~vaccine(s)~~ are replaced to the provider through the Vaccine Replacement Program which is administered jointly by the Department and the IDPH. Providers must be annually certified for participation in the Vaccine Replacement Program by IDPH before receiving replacement vaccines. Information on the Vaccine Replacement Program and certification procedures (set forth at 42 CFR 51b), may be obtained by contacting:

Immunization Vaccine Replacement Program
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

f) Limitations on Services. Services under the Healthy Kids Program shall only be available to persons in the age groups from birth through age 20. Coverage of and payments for services shall be consistent with the requirements of Section 1905 of the Social Security Act (42 U.S.C. 1396d) as it relates to the Early and Periodic Screening, Diagnosis and Treatment Program.

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g) Record Requirements. The provider shall comply with record requirements as set forth in Section 140.28.

(Source: Amended at 19 Ill. Reg. _____, effective _____)

SUBPART G: MATERNAL AND CHILD HEALTH ~~HEALTHY-MOMS/HEALTHY-KIDS~~ PROGRAM

Section 140.920 General Description

a) The Maternal and Child Health ~~Healthy-Moms/Healthy-Kids~~ Program is a primary health care program coupled with case management services for Medicaid enrolled pregnant women and children. The program is designed to ensure access to quality health care services ~~statewide-by linking-pregnant-women-and-children-through-age-20-with-a-primary-care provider-or-an-HMO-who-will-be-responsible-for-providing-primary--care and--arranging,--or--in-some-areas-of-the-State-authorizing,-specialty care.--Although-the-Healthy-Moms/Healthy-Kids-Program-is-available--on a--statewide-basis,-certain-components-of-the-program,-as-described-in subsection-(b)(1)-below,--will--not--initially--be--implemented--on--a statewide-basis~~.

~~b) Program-Components~~

~~1) Managed-Care-Component~~

~~The--Healthy--Moms/Healthy--Kids--Program-shall-include-a-managed care-component,-as-described-in-Section-140.922(b),--which--shall be--in--place--for--clients--who-reside-in-a-zip-code-served-by-a local-public-aid-office-located-in--the--City--of--Chicago.---The managed--care--component-requires-all-pregnant-women-and-children who--fall--in--certain--categories--of--Medical--Assistance,---as described--in--Section--140.926(a)(1),--to--choose-a-Primary-Care Provider-(PCP)-from-the-listing-of-provider--types--described--in Section--140.922(b)(3).---Under--the--managed-care-component,-the selected--PCP--is--responsible--for--locating,--coordinating--and monitoring-all--health--care--and--utilization--of--non-emergency services,-in-accordance-with-Section-140.922(b)(3).~~

b) ~~2)~~ Case Management Component

The Maternal and Child Health ~~Healthy-Moms/Healthy-Kids~~ Program shall ~~also~~ include a case management component which shall be in place statewide. Under the case management component, pregnant women and infants ~~children~~ under the age of 12 months ~~six~~ will be provided with case management services, as described in Section 140.992(c), by a community-based case management agency that will be responsible for assisting the client in accessing health care and support services necessary to comply with their physicians' recommendations. Such case management services will be provided through age five years for DCFS wards.

~~3) Enhanced-Reimbursement-Component~~

c) The Maternal and Child Health ~~Healthy-Moms/Healthy-Kids~~ Program is

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designed to increase provider participation through special incentives for providers for certain services provided to pregnant women and children under age 21. These include increased payment rates for selected services, as described in Section 140.930, and expedited payment. To participate in the program, providers must meet specific participation requirements, as described in Section 140.924, and sign a Maternal and Child Health ~~Healthy--Moms/Healthy--Kids~~ provider agreement, in addition to being enrolled as a Medicaid Provider. Under the Maternal and Child Health Program the Department agrees to:

1) Pay enhanced rates for prenatal risk assessment, which includes substance abuse information,
2) Pay enhanced rates for delivery services,
3) Pay enhanced rates for primary care office visits and screening services provided to children,
4) Provide prospective payment or expedited processing of claims for physicians who meet established criteria and request special processing,
5) Upon request, furnish client eligibility and profiles of prior services reimbursed by the Department,
6) Facilitate access to medical care for clients in cooperation with the physician and case management entity.

d) Those clinics which were enrolled under the Healthy Moms/Healthy Kids Program shall be deemed certified in the Maternal and Child Health Program.

e) Those providers enrolled under the Healthy Moms/Healthy Kids Program shall be deemed certified in the Maternal and Child Health Program.

(Source: Amended at 19 Ill. Reg. _____, effective _____)

Section 140.922 Covered Services

a) Medical Services
All services covered under the Illinois Medical Assistance Program shall be available to recipients participating in the Maternal and Child Health ~~Healthy-Moms/Healthy-Kids~~ Program.

~~b) Primary-Care-Physician-Services~~
~~1) Geographic-areas-covered-by-the-Managed-Care-Component~~
~~In--areas--covered-by-the-managed-care-component,-as-described-in Section-140.920(a)(1),-clients--will--be--required--to--select--a Primary--Care--Provider-(PCP).---In-these-areas,-Medicaid-enrolled pregnant-women-and-children-under-age-21--must--choose--a--single primary--care--provider--(PCP).----This-may-be-a-regular-doctor,-a Department-approved-clinic-or-a-Health--Maintenance--Organization (HMO),--as--described--in--subsection--(b)(3)--below.----For-those choosing-a-physician-or-clinic,-all-primary-health-care--will--be provided--by--the-PCP.---The-PCP-may-authorize-another-provider-to render-services-outside-the-PCP's--scope--of--practice.----Clients eligible-for-case-management-services,-as-described-in-subsection (c)--below,--will--be--assigned--to--the--case--management-agency designated-to-work-with-their-chosen-PCP.~~
~~2) Clients-will-be-enrolled-with-their-chosen--physician--or--clinic provider--indefinitely,-with-an-option-to-make-a-different-choice every-six-months.----Providers--will--receive--a--monthly--patient management--fee--for--each-client-enrolled-with-them.---Physicians may-participate-independently-or-as-part-of-an--approved--clinic. Through--the--managed--care--component,-clients-are-encouraged-to establish-a-continuing-relationship-with-a-single-provider.~~
~~3) The-PCP-is-responsible-for-locating,-coordinating-and--monitoring all--health--care-and-utilization-of-non-emergency-services.---The PCP-must-provide-primary-care-directly--and--must--authorize--all referrals---to---specialists---as---cited---in--Section--140.932. Participants-may-select-a-PCP-from-one-of-the-following--provider types:~~
~~A) Primary-care-physicians-who-meet-certain-program-criteria-as cited-in-Section-140.924(a)(1);~~
~~B) Federally--Qualified--Health-Centers-(FQHC),-as-described-in Section-140.461(d),-that-meet--the--additional--requirements described-in-Section-140.924(a)(2)(A);~~
~~C) Encounter--Rate-Clinics,-as-described-in-Section-140.461(b), that-meet-the-additional-requirements-described--in--Section 140.924(a)(2)(B);-and~~
~~D) Healthy-Moms/Healthy-Kids-Managed-Care-Clinics,-as-described in-Section-140.461(f).~~
~~4) Clients-living-outside-an-area-with-a-managed-care-component-will not--be--enrolled--with--a--single--provider--as-described-above. Unless-enrolled-with-a--Health--Maintenance--Organization--(HMO), Medicaid--clients--will-not-be-required-to-receive-primary-health care-services-from-a-single-provider-but-will-be-encouraged-to-do so.--Providers-will-refer-clients-for-needed-specialty--care--but will--not--be-required-to-authorize-those-services.--Providers-in areas-without-the-managed-care-component--will--not--receive--the monthly-patient-management-fee-but-will-receive-the-same-enhanced rates-provided-to-those-who-serve-in-areas-where-the-Managed-Care Program-has-been-implemented.~~

b)~~c)~~ Case Management Services
Case management for Medicaid recipients is defined as a function necessary for the proper and efficient operation of the Medicaid State Plan. ~~Case-management-services-will-be-provided-to-pregnant-women-and children-under-six-statewide.~~ Services include but are not limited to:

1) Coordination of Medicaid covered services;
2) Arranging for transportation to and from a source of medical care;
3) Client education regarding Medicaid covered services, the benefits of preventive medical and dental care, and how to

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efficiently utilize the health care ~~Medicaid~~ system and access services;

4) Prenatal education or health education;
5) Referral for services such as Women, Infants and Children (WIC);
6) Assistance to ensure client compliance with services prescribed/recommended by the Maternal and Child Health Provider ~~PCP~~ (such as, substance abuse treatment, Early Intervention services, psychiatric services/mental health, specialty care); and
7) Outreach and case finding.

(Source: Amended at 19 Ill. Reg. _____, effective _____)

Section 140.924 Maternal and Child Health Provider Participation Requirements

a) Primary Care Providers
1) Basic Requirements
Maternal and Child Health primary care providers may include physicians, Federally Qualified Health Centers (FQHCs), hospital clinics per Section 140.461(f) and encounter rate clinics per Section 140.461(b). Maternal and Child Health ~~Healthy Moms/Healthy-Kids~~ providers shall meet the qualifications (see Section 140.12) as are applicable for all medical providers under the Illinois Medical Assistance Program and shall:
A) maintain hospital admitting privileges;
B) maintain delivery privileges if providing care to pregnant women;
C) be enrolled and in good standing with the Medical Assistance Program; and
D) complete a Maternal and Child Health Primary Care Provider Agreement, or have been enrolled as a provider under the Healthy Moms/Health Kids Program, in which they agree to:
i) provide periodic health screening (EPSDT), including age appropriate immunizations, and primary pediatric care as needed for children served in their practice, consistent with guidelines published by the American Academy of Pediatrics or American Academy of Family Physicians;
ii) provide obstetrical care and delivery services as appropriate for pregnant women served through their practice, consistent with guidelines published by the American College of Obstetricians and Gynecologists or the American Academy of Family Physicians;
iii) provide risk assessments for pregnant women and/or children;
iv) provide medical care coordination, including arranging for diagnostic consultation and specialty care;

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v) communicate with the case management entity;
vi) maintain 24-hour telephone coverage for assessment and consultation; and
vii) provide equal access to quality medical care for assigned clients.

AGENCY NOTE: FQHCs are federally exempt from subsections (a)(1)(A) and (B) above.

2) Special Requirements
In addition to the basic requirements described in subsection (a)(1) above, the following Maternal and Child Health ~~Healthy Moms/Healthy--Kids~~ providers shall be required to meet additional requirements as specified below:
~~A) Federally-Qualified-Health-Centers-(FQHC)-shall-be--required to:~~
~~i) Meet--the--qualifications--for-a-FQHC,-as-described-in Section-140.461(d);~~
~~ii) Provide-managed--care--to--clients,--as--described--in Section-140.992(b)(1);-and~~
~~iii) Provide--specific--Healthy--Moms/Healthy--Kids--client assignment--capacity--proposals--to-the-Department-and agree-to-accept-site-specific-enrollment--and--primary care---practitioner--responsibility--for--a--specified minimum-number-of-clients-assigned-by--the--Department or--its--agent--in--accordance--with--the-terms-of-the Department's--Healthy--Moms/Healthy--Kids--Manual--and provider-agreement-for-FQHCs.~~
A)~~B)~~ Encounter Rate Clinics shall be required to meet the following additional requirements:
i) Meet the qualifications for an encounter rate clinic, as described in Section 140.461(b) ~~140.461(d)~~; and
ii) Be owned, operated, managed, or staffed by a hospital that also operates a Maternal and Child Health ~~Healthy Moms/Healthy-Kids-managed-care~~ clinic, as described in Section 140.461(f), or be located in a county with a population exceeding 3,000,000 that is part of an organized clinic system consisting of 15 or more individual practice locations, of which at least 12 are Federally Qualified Health Centers, as defined in Section 140.461(d).
~~iii) Provide-managed--care--to--clients,--as--described--in Section-140.922(b)(1);-and~~
~~iv) Provide--specific--Healthy--Moms/Healthy--Kids--client assignment--capacity--proposals--to-the-Department-and agree-to-accept-site-specific-enrollment--and--primary care---practitioner--responsibility--for--a--specified minimum-number-of-clients-assigned-by--the--Department or--its--agent--in--accordance--with--the-terms-of-the

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~~Department's--Healthy--Moms/Healthy--Kids--Manual--and provider-agreement-for-encounter-rate-clinics.~~

~~C) Healthy-Moms/Healthy-Kids--Managed--Care--Clinics--shall--be required--to--meet--the-applicable-requirements-described-in Section-140.461(f).~~

3) The Department will consider requests from physicians who are unable to meet the hospital admitting privileges criteria for enrollment in the Maternal and Child Health ~~Healthy--Moms/Healthy Kids~~ Program if the physician has executed a formal agreement with another physician to accept referrals for hospital admissions. Requests will also be considered from physicians who do not have delivery privileges but wish to provide obstetrical care. The request will be reviewed by members of the State Medical Advisory Committee and a recommendation made by that body as to whether the physician should be enrolled as a PCP into the Program. At the discretion of the Committee, the requesting physician may be asked to appear for an interview and/or an on-site visit may be made by either a member of the Committee or a Department assigned physician consultant. For consideration to be given, the requesting physician must submit the following information and supporting documentation in a format specified by the Department which provides the following:
   A) Complete name, mailing address, Illinois practice license number and Medicaid provider number, if any;
   B) Declared practice specialty;
   C) Listing of all practice locations;
   D) Name and location of hospitals applied to for admitting privileges;
   E) Status of each request, i.e., pending or closed (if closed, a reason must be given by the hospital for not granting privileges);
   F) If application has never been made, a statement explaining why;
   G) Name of physician with whom a formal agreement has been effected;
   H) Illinois license number of Medicaid enrolled physician with hospital admitting privileges and name of hospitals where admitting privileges are in effect; and
   I) Copy of formal agreement.
4) The request is to be dated by the provider and forwarded to the Illinois Department of Public Aid, Provider Participation Unit, P.O. Box 19114, Springfield, Illinois 62794-9114.

b) Case Management Providers
Case management providers' qualifications shall be in accordance with 77 Ill. Adm. Code 630.Subpart A. Case management will be provided to ensure access to medical care and better compliance with medical recommendations.

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(Source: Amended at 19 Ill. Reg. _____, effective _____)

Section 140.926 Client Eligibility (Repealed)

~~a) Geographic-Areas-Covered-by-the-Managed-Care-Component~~
~~1) Clients-Eligible-for-Services~~
~~In-the-areas-covered-by-the-managed-care-component,-as--described in--Sections-140.928(a)(1),-the-Healthy-Moms/Healthy-Kids-Program is-limited-to-pregnant-women--and---children--age--20--and--under whether--receiving--cash--grants--or--as--recipients--of--medical assistance-only.--Included-in-those-covered-categories-are:~~
~~A) APBC---including--cases--which--were-cancelled-due-to-earned income-which--qualify--for--up--to--12--months--of--Medicaid coverage-following-cancellation;~~
~~B) APBC-MANG---Medical-Assistance,-no-grant,-for-pregnant-women and--children-through-age-20-with-countable-family-income-no greater-than-the-MANG-income-standard;~~
~~C) MANG-(P)---Medical-Assistance,-no-grant-for--pregnant--women and---children--age--five--and--under--meeting--the--Omnibus Reconciliation-Act-(OBRA)-requirements-with-countable-family income-to-133%-of-the-federal-poverty-level;~~
~~D) MANG-(P)---Medical-Assistance,-no-grant-for--children--older than--five--and--born--after--October--1,--1983-who-meet-the Omnibus-Reconciliation--Act--(OBRA)--requirements--and--have countable--family--income--to--100%--of--the-federal-poverty level;~~
~~E) AABD---blind-or-disabled-pregnant-women-or-children--through the--age--of--20--who--do--not--reside--in--long--term--care facilities;~~
~~F) AABD---Medical--Assistance,-no-grant,-for-pregnant-women-and children-through-age-20--with--countable--family--income--no greater--than--the-MANG-income-standard-who-do-not-reside-in long-term-care-facilities;~~
~~G) General-Assistance---children-through-the-age-of-17;~~
~~H) Medicaid-Presumptively-Eligible-women-(MPE);-and~~
~~I) Children-who-are-wards-of--DCFS--in--foster--care--or--other eligible-substitute-care-settings.~~
~~2) Clients-Exempt-from-Participation~~
~~Exempt--from--participation--in--the--Healthy--Moms/Healthy--Kids program-will-be-those-categorically-eligible-recipients-who:~~
~~A) are-residing-in-a-nursing-facility-or-ICF/MR;~~
~~B) have-an-eligibility-that-is-only-retroactive;~~
~~C) elect-to-enroll-in-an-HMO;~~
~~D) are-spend-down-cases,-excluding-MANG(P);-or~~
~~E) are--group--care--cases,--model--waiver--children--and-DMHDD clients-in-residential-facilities.~~
~~b) Geographic-Areas-Not-Covered-by-the-Managed-Care-Component~~

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In areas not covered by the managed care component, all clients, regardless of eligibility category, who do not reside in a long-term nursing facility or ICF/MR and who meet the following requirements, are covered under the Healthy Moms/Healthy Kids Program:

1) Pregnant women;

2) Children under age 21.

(Source: Repealed at 19 Ill. Reg. _____, effective _____)

Section 140.928 Client Enrollment and Program Components (Repealed)

The Healthy Moms/Healthy Kids Program enrollment and Program components are described below:

a) Areas Covered by the Managed Care Component

1) Medicaid enrolled pregnant women and children under age 21 who are served by a local Public Aid Office located in the City of Chicago must participate in the Healthy Moms/Healthy Kids managed care component by choosing a primary care provider for each qualified family member or by enrolling with a Health Maintenance Organization (HMO).

2) Enrollment and Selection

A) The enrollment and selection process for new applicants takes place at the local Public Aid Office. At the conclusion of the screening interview, potential eligibles will be referred to a client education representative. During this face to face contact, the client will be presented with a description of the managed care options and asked to choose a PCP. The client representative will record the selection when an individual physician or clinic is chosen, or refer the client to an HMO representative when that is designated as the managed care choice. If the recipient is unable to choose a provider or the recipient's choice is not a suitable provider, a random choice of a Healthy Moms/healthy Kids PCP or HMO will be made on the individual's behalf by the Department's agent. The assignment will be based on the recipient's age and sex, whatever is known of the recipient's medical condition and usual source of care, and the appropriate PCPs in the recipient's service area who have open slots for participants. The recipient and the chosen PCP will be informed of the intended assignment. Providers of obstetric care must agree to accept the assignment of a pregnant woman. However, the assignment cannot be refused on grounds that would be considered discriminatory.

B) The assignment will take effect when so indicated on the next regularly issued MediPlan card.

C) Once a recipient has been enrolled in the Healthy

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Moms/Healthy Kids Program, the individual will remain in the program as long as he or she retains Medicaid eligibility, unless the participant is disenrolled when the waiver's eligibility requirements are no longer met, such as when the recipient is institutionalized in a nursing facility or ICF/MR, or moves to a nonparticipating geographic area.

3) All primary health care is to be provided by the primary care provider (PCP). Services outside the provider's scope of practice will be arranged and authorized by the primary care provider. In order for the non-PCP to receive enhanced rates for the services described in Section 140.TABLE M when providing services outside the PCP's scope of service, the services must be authorized as described in Section 140.932(a).

4) Clients will be enrolled with an option to change without cause at six month intervals or with cause at any time. Cause shall exist in the following circumstances:

A) The client moves but the PCP continues to reside in the waiver area;

B) The PCP moves but the client continues to reside in the waiver area;

C) The client believes that the client's medical needs can be managed more effectively by a different provider;

D) The relationship between the client and the primary care provider is not mutually acceptable;

E) The primary care provider is inaccessible to the client or does not make 24-hour per day, seven days per week coverage available to the client;

F) The primary care provider and the client have a language barrier or other structural impediment to service;

G) The client alleges inappropriate behavior on the part of the primary care provider; or

H) The client was randomly assigned pursuant to Section 140.928(a)(2)(A).

5) The Department has contracted with an independent organization to assist in the operational function of this component of the Healthy Moms/Healthy Kids Program. The independent contractor will be responsible for providing program assistants at each local Public Aid office located in Chicago to educate clients about the health delivery system options available to them under the Program and enroll them with their chosen primary care provider.

6) The independent organization will also assist providers in locating needed specialty care, administering a network of organizations performing supportive case management, operating a data system for client tracking purposes and operating a hotline to assist providers in obtaining needed information.

7) The independent organization will also authorize payment to the PCP when the PCP refers the client to another provider for

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~~specialty-care.~~

~~b) Areas-Not-Covered-by-the-Managed-Care-Component~~
~~Clients-will-not-be-enrolled-with-providers-as-described-in-subsection (a)-above.--Unless-enrolled-with-a--Health--Maintenance--Organization, downstate--clients-will-not-be-required-to-receive-primary-health-care services-from-a-single-provider, but-will--be--encouraged--to--do--so. Healthy--Moms/Healthy--Kids-providers-serving-clients-who-live-outside Chicago-will-be-required-to-provide-or-refer-their-clients-for--needed specialty-care-but-will-not-be-required-to-authorize-those-services.~~

(Source: Repealed at 19 Ill. Reg. _____, effective _____)

Section 140.930 Reimbursement

a) Reimbursement Rates for Maternal and Child Health ~~Healthy-Moms/Healthy Kids~~ Providers
   1) Participating providers described in Section 140.922(b)(3)(A) that meet the criteria specified in 140.924(a)(1) will receive enhanced rates for certain medical services specified in Table M of this Part. The enhanced rates are effective for services provided on or after April 1, 1993.
   2) Participating FQHC's, as described in Sections 140.922(b)(3)(B) and 140.461(d), that meet the criteria specified in 140.924(a)(2)(A), shall be reimbursed in accordance with Section 140.463(c) for covered services provided to a Maternal and Child Health ~~Healthy---Moms/Healthy---Kids~~ Program participant, as described in Section 140.922.
   3) Participating encounter rate clinics~~, as--described--in--Sections 140.922(b)(3)(C)-and-140.461(b), that-meet-the-criteria-specified in--140.924(a)(2)(B)~~, shall be reimbursed in accordance with Section 140.463(b) for covered services provided to a Maternal and Child Health ~~Healthy-Moms/Healthy-Kids~~ Program participant, as described in Section 140.922.
   4) Participating Maternal and Child Health ~~Healthy-Moms/Healthy-Kids~~ managed-care clinics, as described in Sections 140.924(b)(3)(D) and 140.461(f), will receive enhanced rates for certain medical services specified in Table M of this Part. The enhanced rates are effective for services provided on or after April 1, 1993. ~~shall-be--reimbursed--in--accordance--with--Section--140.464--for covered--services-provided-to-a-Healthy-Moms/Healthy-Kids-program participant, as-described-in-Section-140.462(e).~~

b) Patient Management Fee
   Providers who have accepted primary care responsibilities for foster children residing in Cook County who are under the guardianship of the Department of Children and Family Services will receive a monthly patient management fee for each client enrolled with them ~~Participating-providers-who-serve-Medicaid-enrolled-pregnant-women-and children-under-age-21-who-are-covered-under-the-managed-care-component will-receive-a-monthly-patient-management-fee-for-each-client-enrolled with-them.~~

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c) Case Management Services
   Providers of care management services will receive monthly payments. The payments will be prorated based upon an annual amount per case. ~~A higher-rate-will-be-paid--to--the--case--management--agency--for--case managing--a--family--that-contains-a-pregnant-woman-or-child-under-age one.~~

(Source: Amended at 19 Ill. Reg. _____, effective _____)

Section 140.932 Payment Authorization for Referrals (Repealed)

~~a) In-the-areas-covered-by-the-managed-care-component-the-PCP-is-required to-provide-primary-care-directly-and-must-authorize-referrals-when-the PCP-determines-that-the-client-requires-medical-care-outside-his-scope of--practice.--The-PCP-is-required-to-make-referral-appointments.--The PCP-must-notify-the-independent-contractor-that-payment-is-authorized. Payments-will-be-made-to-providers-other-than-the--PCP--when--a--valid authorization--number--is--reported--on--the--claim--form.--Physicians practicing-the-same-specialty-in-a-single-group--can--receive--payment for--services--rendered--to--non-assigned--clients--by-identifying-the client's-PCP--as--the--referring--practioner, --by--name--and--Medicaid provider-number, on-the-claim-for-payment.~~

~~b) The--following--services-DO-NOT-require-a-payment-authorization-number for-billing-purposes:~~
   ~~1) Hospital-emergency-room-services;~~
   ~~2) Coverage-by-another-physician-as-part-of--24-hour--a--day, --seven days-a-week-coverage;~~
   ~~3) Family-planning-services;~~
   ~~4) Preventive-services-for-children, including:~~
      ~~A) hearing-screening;~~
      ~~B) vision-screening;~~
      ~~C) immunizations; and~~
      ~~D) lead-toxicity-screening-and-epidemiological-survey;~~
   ~~5) All-diagnostic-and-clinical-tests-that-are-medically-necessary;~~
   ~~6) Pharmacy-services; or~~
   ~~7) Early-intervention-services-for-young-children, such-as:~~
      ~~A) speech-therapy;~~
      ~~B) physical-therapy; or~~
      ~~C) occupational-therapy.~~

(Source: Repealed at 19 Ill. Reg. _____, effective _____)

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Section 140.TABLE M Enhanced Rates for Maternal and Child Health ~~Healthy Moms/Healthy-Kids~~ Provider Services

a) In accordance with Sections 140.464 and 140.930(a), certain providers who serve women will receive enhanced reimbursement rates for the following services:

CODE	DESCRIPTION
W7359	Prenatal risk assessment
59409	Vaginal delivery
59410	Vaginal delivery
59500	C-section delivery
59514	C-section delivery
59515	C-section delivery

b) In accordance with Sections 140.464 and 140.930(a), certain providers who serve children under age 21 will receive enhanced reimbursement rates for the following services:

CODE	DESCRIPTION
W7018	Healthy Kids screening-Chicago/Downstate
W7360	Risk assessment, child referred for mental health assessment/services
W7361	Risk assessment, for mental health services, child, no referral

CODE	DESCRIPTION
W7362	Risk assessment, child referred for substance abuse assessment/treatment
W7363	Risk assessment for substance abuse, child, no referral
99201	Office visit - new patient - brief
99202	Office visit - new patient - limited
99203	Office visit - new patient - intermediate

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99204	Office visit - new patient - extended
99205	Office visit - new patient - comprehensive

CODE	DESCRIPTION
99211	Office visit - established patient - brief
99212	Office visit - established patient - limited
99213	Office visit - established patient - intermediate
99214	Office visit - established patient - extended
99215	Office visit - established patient - comprehensive

c) All other visits and services billed under valid CPT-4 procedure codes will be reimbursed at January 1, 1993, rates.

(Source: Amended at 19 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Aid to the Aged, Blind or Disabled

2) Code Citation: 89 Ill. Adm. Code 113

3) Section Numbers: Adopted Action:

113.1, 113.40, 113.50	Amendment
113.330	Repeal
113.400	Amendment
113.405, 113.410, 113.415	Repeal
113.420, 113.425, 113.430	Repeal
113.435, 113.440, 113.445	Repeal
113.450	Repeal

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/6-11] and Public Act 89-21.

5) Effective Date of Amendments: October 17, 1995

6) Does this rulemaking contain an automatic repeal date? No

7) Do these Amendments contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: October 17, 1995

9) Notice of Proposal Published in *Illinois Register*: June 23, 1995 (19 Ill. Reg. 8057)

10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No

11) Differences between proposal and final version: No changes have been made in the text of the proposed amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Amendments replace Emergency Amendments currently in effect? No

14) Are there any Amendments pending on this Part? Yes

Section Number	Proposed Action	Illinois Register Citation
113.262	New Section	September 29, 1995 (19 Ill. Reg. 13489)

15) Summary and Purpose of Amendments: Pursuant to Public Act 89-21, the Department is making the following changes in the Interim Assistance and

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Transitional Assistance programs. These amendments are necessary to establish procedures for applications filed on or after July 1, 1995, and to provide for persons receiving Interim Assistance before September 1, 1995. Related changes in the Transitional Assistance program were also proposed in 89 Ill. Adm. Code 114. There were also some changes proposed in 89 Ill. Adm. Code 110 that relate to these programs.

1. The Interim Assistance program is being abolished effective September 1, 1995. Persons receiving Interim Assistance will continue to do so through August 31, 1995, unless otherwise cancelled under the eligibility requirements of the program. Applications for assistance filed on or after July 1, 1995, will not be considered under the Interim Assistance program but instead will be considered under the Transitional Assistance program. All Interim Assistance cases will be cancelled effective September 1, 1995. Persons cancelled can apply for Transitional Assistance.

2. The eligibility criteria for the Transitional Assistance program is being revised effective July 1, 1995. The following categories are eliminated as categories of eligibility: a) serious medical, physical or mental problem which prevents the client from working; b) lack of a high school diploma or GED, earnings of less than $2,000 in the last year, lack of earnings of $200 or more in three of the last 24 months and inability to read English at the 5.9 grade level; c) addictive drug or alcohol abuse problem which prevents the client from working.

3. Effective July 1, 1995, clients who apply for Transitional Assistance who claim to be disabled and unable to work and are awaiting a determination of eligibility for Supplemental Security Income (SSI) will be considered for eligibility under a new category. The Department will make a determination of disability for these persons. The determination of disability will use the same criteria as used by the Social Security Administration under the SSI program. If found disabled, the client will be eligible for cash benefits under Transitional Assistance, except as noted below. In addition, the client will be eligible for medical assistance under the Social Security Act due to the Department's determination of disability. If the client is not disabled, the client is ineligible for Transitional Assistance unless eligible under one of the other six remaining categories. If eligible for Transitional Assistance under one of the other six categories, the client will be eligible for medical assistance under the more restrictive General Assistance medical program.

4. Individuals determined disabled whose disability is based solely on substance addictions (drug abuse and alcoholism) and whose disability would cease were their additions to end will be eligible for medical assistance only and will not receive a cash grant.

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5. The Payment Level for Transitional Assistance is being reduced to $60 per month effective July 1, 1995. This amount will be effective in the City of Chicago, where the Transitional Assistance program is administered by the Department of Public Aid, as well as all local governmental units receiving State funds outside the City of Chicago, where the Transitional Assistance program is administered by the local governmental units. Public Act 89-21 allows the Department to reduce Transitional Assistance cash grants during the fiscal year in order to keep spending within the amount appropriated. If necessary, appropriate changes will be made to Sections 114.351, 114.352 and 114.353.

6. The SSI Advocacy program is retained, though its reference is moved from the Sections on Interim Assistance to the Sections on Transitional Assistance. Individuals determined disabled whose disability is based solely on substance addictions will not be referred to the SSI Advocacy Program.

7. Payment of attorney's fees for the successful representation of SSI and VA applicants before an Administrative Law Judge is retained for clients who receive cash assistance under a General Assistance program administered by the Department of Public Aid. Attorney's fees will not be paid for individuals determined disabled whose disability is based solely on substance addictions, nor for individuals who receive an award for both SSI and SSA benefits.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Judy Umunna
Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, IL 62762
(217) 524-3215

The full text of the Adopted Amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 113
AID TO THE AGED, BLIND OR DISABLED

SUBPART A: GENERAL PROVISIONS

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

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SUBPART D: PAYMENT AMOUNTS

SUBPART E: OTHER PROVISIONS

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SUBPART F: INTERIM ASSISTANCE

AUTHORITY: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective

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November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, 1983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, 1984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 11414, effective June 27, 1984; amended at 8 Ill. Reg. 13273, effective July 16, 1984; amended (by sections being codified with no substantive change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25,

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1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11920, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. Reg. 867, effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 9669, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. Reg. 14806, effective September 3, 1990; amended at 14 Ill. Reg. 16957, effective September 30, 1990; amended at 15 Ill. Reg. 277, effective January 1, 1991; emergency amendment at 15 Ill. Reg. 1111, effective January 10, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5291, effective April 1, 1991; amended at 15 Ill. Reg. 5698, effective April 10, 1991; amended at 15 Ill. Reg. 7104, effective April 30, 1991; amended at 15 Ill. Reg. 11142, effective July 22, 1991; amended at 15 Ill. Reg. 11948, effective August 12, 1991; amended at 15 Ill. Reg. 14073, effective September 11, 1991; emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 16709, effective November 1, 1991; amended at 16 Ill. Reg. 3468, effective February 20, 1992; amended at 16 Ill. Reg. 9986, effective June 15, 1992; amended at 16 Ill. Reg. 11565, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 13641, effective September 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14722, effective September 15, 1992, for a maximum of 150 days; emergency

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amendment at 16 Ill. Reg. 17154, effective November 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17764, effective November 13, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 827, effective January 15, 1993; amended at 17 Ill. Reg. 2263, effective February 15, 1993; amended at 17 Ill. Reg. 3202, effective February 26, 1993; amended at 17 Ill. Reg. 4322, effective March 22, 1993; amended at 17 Ill. Reg. 6804, effective April 21, 1993; amended at 17 Ill. Reg. 14612, effective August 26, 1993; amended at 18 Ill. Reg. 2018, effective January 21, 1994; amended at 18 Ill. Reg. 7759, effective May 5, 1994; amended at 18 Ill. Reg. 12818, effective August 5, 1994; amended at 19 Ill. Reg. 1052, effective January 25, 1995; amended at 19 Ill. Reg. 2875, effective February 24, 1995; amended at 19 Ill. Reg. 6639, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 8409, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15034, effective OCT 17 1995.

SUBPART A: GENERAL PROVISIONS

Section 113.1 Description of the Assistance Program

The Aid to the Aged, Blind, or Disabled program provides--financial assistance, medical assistance and social services ~~available~~ to individuals who have been determined to be aged, blind or disabled as defined by the Social Security Administration. Financial aid is available under this program only for persons who are receiving Supplemental Security Income (SSI) or who have been found ineligible for SSI on the basis of income and who meet all other eligibility standards.

(Source: Amended at 19 Ill. Reg. 15034, effective OCT 17 1995)

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section 113.40 Blind

a) To be eligible for assistance as a blind person an individual must be determined blind as currently defined by the Social Security Administration (SSA). (See 20 CFR 416, Subpart I, April 1, 1984†.)

b) If an individual is receiving Supplemental Security Income (SSI) or primary Social Security (OASDI) benefits, the Department shall accept the Social Security Administration (SSA) determination of blindness. ~~If an individual is applying for SSI, the Department shall not do a determination of blindness but shall accept the determination of SSA. (See Section 113.400 et seq. for eligibility for Interim Assistance in this situation).~~ The Department will make the determination of blindness when the client has been denied SSI on the basis of too much income. The Department uses the same criteria for blindness as is used under SSI. (See 20 CFR 416, Subpart I, April 1, 1984†.)

c) Determination Process

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1) If an individual receiving assistance is determined currently "not blind" by SSA under the SSI or primary OASDI programs, the Department shall accept SSA's determination of blindness and cancel the case, no matter which agency made the original determination of eligibility.

2) If the individual appeals the SSA determination of blindness to SSA, assistance shall be continued through the level of a determination by an Administrative Law Judge (ALJ) subject to the time limits of subsection (c)(3) below. If assistance has been cancelled but the client later appeals to SSA, the case shall be reinstated through the ALJ level subject to the time limits of subsection (c)(3) below.

3) If the client notifies the Department of his appeal to SSA within 10 days of the date of the Department notice, assistance will be continued with no break. If the client notifies the Department of his appeal to SSA within 11 through 65 days of the date of the Department notice, assistance will be reinstated back to the original date of cancellation. If the client notifies the Department of his appeal to SSA more than 65 days after the date of the Department notice, assistance will be provided prospectively only, unless the client actually appealed to SSA within 65 days of the date of the Department notice, in which case assistance will be reinstated back to the original date of cancellation.

4) If the client is continuing to receive SSI during the appeal process, the case shall be continued at the SSP level. ~~Otherwise, the case shall be placed on Interim Assistance.~~

5) If an Administrative Law Judge finds the individual "not blind", the Department shall accept that finding as final. The individual shall not have the right to appeal the determination of blindness to the Department at any time during this process.

d) Redetermination of blindness is a condition of continuing eligibility for individuals who are not applying for or receiving SSI or OASDI benefits.

e) When appropriate, the Department shall pay for a medical examination to determine blindness.

(Source: Amended at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.50 Disabled

a) To be eligible for assistance as a disabled person an individual must be determined disabled as currently defined by the Social Security Administration. (See 20 CFR 416, Subpart I, April 1, 1984†.)

b) If an individual is receiving Supplemental Security Income (SSI) or primary Social Security (OASDI) benefits, the Department shall accept the Social Security Administration (SSA) determination of disability.

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~~If an individual is applying for SSI, the Department shall not do a determination of disability but shall accept the determination of SSA. (See Section 113.400 et seq. for eligibility for Interim Assistance in this situation.)~~ The Department will make the determination of disability when the client has been denied SSI on the basis of too much income. The Department uses the same criteria for disability as is used under SSI. (See 20 CFR 416, Subpart I, April 1 1984~~).~~]

c) Determination Process

1) If an individual receiving assistance is determined currently "not disabled" by SSA under the SSI or primary OASDI programs, the Department shall accept SSA's determination of disability and cancel the case, no matter which agency made the original determination of eligibility.

2) If the individual appeals the SSA determination of disability to SSA, assistance shall be continued through the level of a determination by an Administrative Law Judge (ALJ) subject to the time limits of subsection(c)(3) below. If assistance has been cancelled but the client later appeals to SSA, the case shall be reinstated through the ALJ level subject to the time limits of subsection (c)(3) below.

3) If the client notifies the Department of his appeal to SSA within 10 days of the date of the Department notice, assistance will be continued with no break. If the client notifies the Department of his appeal to SSA within 11 through 65 days of the date of the Department notice, assistance will be reinstated back to the original date of cancellation. If the client notifies the Department of his appeal to SSA more than 65 days after the date of the Department notice, assistance will be provided prospectively only, unless the client actually appealed to SSA within 65 days of the date of the Department notice, in which case assistance will be reinstated back to the original date of cancellation.

4) If the client is continuing to receive SSI during the appeal process, the case shall be continued at the SSP level. ~~Otherwise, the case shall be placed on Interim Assistance.~~

5) If an Administrative Law Judge finds the individual "not disabled", the Department shall accept that finding as final. The individual shall not have the right to appeal the determination of disability to the Department at any time during this process.

d) Redetermination of disability is a condition of continuing eligibility for individuals who are not applying for or receiving SSI or OASDI benefits.

(Source: Amended at 19 Ill. Reg. 15034, effective OCT 17 1995)

SUBPART E: OTHER PROVISION

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Section 113.330 Attorney's Fees for VA Appellants (Repealed)

~~a) The Department will pay any attorney or advocate working under the supervision of an attorney who represents a recipient of Assistance to the Aged, Blind or Disabled (AABD) in an appeal of any claim for federal Veterans' benefits before a hearing officer at a Veterans' Administration Regional Office or upon an initial appeal to the Board of Veterans' Appeals, which is decided in favor of the recipient. The amount of the payment will be 25% of the maximum federal Supplemental Security Income grant payable to the individual for a period of one (1) year.~~

~~b) To secure payment the attorney/advocate must submit his/her request for payment to the Illinois Department of Public Aid. The request for payment must be postmarked no more than sixty (60) days from the date of the notice of the favorable decision by the Hearing Officer. The following information must be included with the request:~~

~~1) proof that the attorney/advocate represented the client;~~

~~2) a copy of the favorable decision;~~

~~3) the attorney's/advocate's bill;~~

~~4) the AABD recipient's name, address and Public Aid case number; and~~

~~5) the attorney's/advocate's Federal Employee Identification number or Social Security number.~~

~~c) The Department will make payment within thirty (30) days of receipt of the information listed above.~~

~~d) The attorney/advocate must agree to waive the right to charge or collect fees and expenses from the AABD recipient.~~

(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

SUBPART F: INTERIM ASSISTANCE

Section 113.400 Description of the Interim Assistance Program

a) The Interim Assistance program provides -- financial and medical assistance ~~available~~ to individuals while an application for Supplemental Security Income (SSI) is pending if the Department determines that the individual will more likely than not be eligible for SSI.

b) The Interim Assistance program is repealed effective September 1, 1995. Applications for financial assistance filed on or after July 1, 1995, shall not be considered under the Interim Assistance program.

(Source: Amended at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.405 Pending SSI Application (Repealed)

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a) As a condition of eligibility, the individual must have filed an application for SSI and:
   1) the application is pending;
   2) the application was denied due to a finding of not blind or not disabled and an appeal of the decision is pending with SSA at the reconsideration or Administrative Law Judge (ALJ) level;
   3) the application has been approved for temporary SSI benefits; or
   4) the application has been denied due to income and a determination of blindness or disability is pending with the Department.
b) If the client is denied SSI due to a finding of not blind or not disabled and the client notifies the Department within 10 days of the date of the Department notice of termination that an appeal has been filed, assistance will be continued with no break. If the client notifies the Department within 11 through 65 days after the date of notice of termination, assistance will be reinstated back to the date of the original cancellation. If the client notifies the Department that an appeal has been filed more than 65 days from the date of notice of termination, assistance will be provided prospectively, unless the client filed the appeal within 65 days after the Department notice, in which case assistance will be reinstated back to the date of cancellation.
c) If the Administrative Law Judge finds the individual not blind or not disabled the Department shall accept the finding as final. The individual is then no longer eligible for Interim Assistance. The individual may appeal this determination only through an appeal of the Administrative Law Judge's decision within the Social Security Administration's appeal system.
d) If an individual is determined eligible for SSI, eligibility for Aid for the Aged, Blind or Disabled will be determined under 89 Ill. Adm. Code 113. Eligibility for Interim Assistance does not exist.

(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.410 More Likely Than Not Eligible for SSI (Repealed)

a) As a condition of eligibility, an applicant for Interim Assistance must be determined to be more likely than not to be found eligible for Supplemental Security Income (SSI).
b) The determination will be made by medically qualified personnel who possess, at a minimum, a current Illinois license to practice as a Registered Nurse.
c) The applicant must provide all relevant medical and social information as required by the Department. The determination will be made by a review of this relevant medical and social information. Referral and payment to medical providers will be made for relevant examinations and reports to make this determination, when necessary and requested by the client. Medical transportation will also be provided if

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necessary and requested by the client.
d) The Department has combined the determination of "more likely than not eligible for SSI" and the determination of whether a client is "not employable" on the basis of a serious medical, physical or mental problem. The single standard has been developed based on the standard of "chronically needy" found in Section 6-11(c)(2) of the Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, par. 6-11(c)(2)).
   1) The determination is a rapid preliminary screening of the client's condition and is not meant to duplicate or even approximate the regular SSI determination done by the Department of Rehabilitation, Bureau of Disability Determination Services.
   2) The determination will be made by a review of medical and social information provided by the applicant. Review will be conducted based on the information available giving the benefit of any doubt due to lack of information to the client.
   3) The determination will be made taking into consideration the individual's impairment, level of functioning, age, education, work experience, and language capacity. Criteria used by the Bureau of Disability Determination Services to find a person automatically eligible for SSI will be used as a reference point in making the determination. All individuals who appear to meet that criteria will be automatically found to be probably eligible for SSI. The following additional and/or specific factors will also be given consideration in making the determinations:
      A) Significant evidence of mental illness or chronic substance abuse.
      B) Beginning at age fifty, increasingly greater importance will be given to moderate illnesses as the individual becomes older.
      C) Lack of relevant work skills and/or recent work history.
      D) Inability or difficulty in reading or writing English.
      E) The possibility of development of further medical evidence (through SSI advocacy or other means) that will substantiate disabling conditions.
e) An individual who has been denied SSI within the previous 12 months due to a finding of not blind or not disabled (either at the Administrative Law Judge level or above, or at a lower level if that determination was not appealed) cannot be determined more likely than not eligible for SSI unless the client shows there has been a substantial change in medical condition or there has been a substantial change in other factors, such as age or work experience, that make it more likely the individual would now be found eligible for SSI.

(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.415 Non-Financial Factors of Eligibility (Repealed)

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The following non-financial factors for Interim Assistance eligibility are the same as those for AABD eligibility:

a) Client cooperation, see 89 Ill. Adm. Code 113.9
b) Citizenship, see 89 Ill. Adm. Code 113.10
c) Residence, see 89 Ill. Adm. Code 113.20
d) Institutional Status, see 89 Ill. Adm. Code 113.70
e) Social Security Number, see 89 Ill. Adm. Code 113.80

(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.420 Financial Factors of Eligibility (Repealed)

The financial factors of Interim Assistance eligibility are the same as the financial factors for AABD eligibility (see Sections 113.100 through 113.160).

(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.425 Payment Levels for Chicago Interim Assistance Cases (Repealed)

a) All Chicago Interim Assistance clients receive a flat grant of $154.00 per month. In addition to the flat grant amount, clients may also be entitled to Special Needs allowances.
b) The Special Needs allowances are as follows:
   1) Telephone
      A) The monthly cost of a telephone is allowed at the minimum community rate when the client has no access to a telephone and the service is essential because of illness.
      B) No allowance is made for security deposits or past due bills.
      C) For installation charges, see 89 Ill. Adm. Code 116.520.
   2) Laundry allowance of $2.97 per month shall be provided when:
      A) Neither the client nor any member of the household is physically able to do the laundry, no relative is available and housekeeping services are not provided; or
      B) There are no facilities for washing or drying in the home; or
      C) A recipient in the home is incontinent or bedfast.
   3) Shopping Allowance
      The Department shall provide an allowance for shopping service in an amount not to exceed $4.66 when the client is unable to shop and there is no one available to do it without charge.
   4) Therapeutic Diet Allowance
      A) The Department shall provide a therapeutic diet allowance when the diet is prescribed by a physician. Standard therapeutic diet monthly allowances provided are:

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TYPE OF DIET	AMOUNT
Ulcer (and other chronic conditions requiring a bland low residue diet)	$ 5.55
Diabetic (less than 1700 calories)	-$-7.39
Diabetic (1700 calories or more)	-$16.61
High protein, high caloric, high vitamin	$11.98

      B) Approval of an allowance in a different amount or for a non-standard prescribed diet requires approval of the Department. Non-standard diets are approved by the Bureau of Medical Practitioner Services on a case by case basis.
   5) Restaurant Allowance
      The Department shall provide an allowance for meals in restaurants when the client has no facilities for the preparation of food, or is unable to cook, and has no one who will prepare meals.
      A) The maximum allowance for three meals per day, seven days per week in a restaurant is $59.61 monthly.
      B) When fewer than three meals per day are required to be eaten in restaurants, the total restaurant allowance is to be authorized for the following monthly amounts:
         i) Breakfast $11.92
         ii) Lunch $17.89
         iii) Dinner $29.81
   6) Home Delivered Meals
      The Department shall provide an allowance for home delivered meals for clients who are confined to their homes because of illness or incapacity. Monthly allowances are as follows:

	5 Days Per Week	7 Days Per Week
1 Meal Per Day, Lunch Only	$12.77	$17.91
1 Meal Per Day, Dinner Only	$21.29	$29.82
2 Meals Per Day, Lunch and Dinner	$34.06	$47.69

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3-Meals-Per-Day, Breakfast, Lunch and Dinner	$42.57	$59.61

7) Special Allowances for Blind and Partially Sighted (Interim Assistance-Blind Only)
Payment shall be made for reading or guide service for recreation ($1.00 per month), repair of braille writers, radios or typewriters (most economical rate), food for a trained guide dog ($12.19 per month), and allowance for attendance at the Illinois Visually Handicapped Institute ($19.58 per month for additional clothing and personal essentials for months the client is in attendance).

(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.430 Payment Levels for All Interim Assistance Cases Outside Chicago (Repealed)

The payment levels for Interim Assistance cases outside Chicago are determined as follows:

a) Total the individual allowances used in determining AABB payment levels (see 89 Ill. Adm. Code 113.246 through 113.261) except that individuals receiving Interim Assistance are not eligible for the grant adjustment (see 89 Ill. Adm. Code 113.253).

b) Multiply the total amount of the individual allowances times .068. Drop cents.

c) Subtract the amount computed in step (b) from the total amount of the individual allowances computed in step (a). This total is the Payment Level.

(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.435 Medical Eligibility (Repealed)

a) Individuals receiving Interim Assistance are eligible to receive the same package of services as individuals receiving Aid to the Aged, Blind and Disabled (see 89 Ill. Adm. Code 140.3).

b) Medical eligibility for Interim Assistance cases begins the earliest of the following months in which all eligibility requirements are met (see 89 Ill. Adm. Code 110.32):
1) the third month before the month of application,
2) the month of application, or
3) the first month eligibility begins following the month of application.

c) To be medically eligible means that all eligibility requirements for Interim Assistance are met for the month even though Interim Assistance may not be authorized for the month. Services prompted by an illness or accident beginning before the client is medically eligible, and continuing beyond the date of eligibility, are payable on a prorated basis from the date of medical eligibility forward.

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(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.440 Attorney's Fees for SSI Applicants (Repealed)

a) The Department will pay any attorney or advocate working under the supervision of an attorney, who represents a recipient of Interim Assistance (Aged, Blind, or Disabled) in an appeal of any claim for Supplemental Security Income (SSI) benefits before an Administrative Law Judge, which is decided in favor of the recipient. The amount of the payment will be 25% of the maximum SSI grant payable to the individual for a period of one (1) year.

b)
1) To secure payment the attorney/advocate must submit his/her request for payment to the Illinois Department of Public Aid. The request for payment must be postmarked no more than sixty (60) days from the date of the notice of the favorable decision by the Administrative Law Judge. The following information must be included with the request:
A) proof that the attorney/advocate represented the client;
B) a copy of the favorable decision;
C) the attorney's/advocate's bill;
D) the Interim Assistance recipient's name, address and Public Aid case number; and
E) the attorney's/advocate's Federal Employee Identification number or Social Security number.
2) The Department will make payment within thirty (30) days of receipt of the information listed above.

c) The attorney/advocate must agree to waive the right to charge or collect fees and expenses from the Interim Assistance recipient.

(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.445 Advocacy Program for Persons Receiving Interim Assistance (Repealed)

a) The Department shall establish advocacy programs to help clients pursue SSI applications and, for those found ineligible for SSI initially, to help clients pursue the SSI reconsideration and appeal process. These programs may be limited to specific geographic areas.

b) For those geographic areas of the State where an advocacy program is established, it shall be a condition of eligibility for Interim

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~~Assistance--for--the--client--to-participate-in-and-cooperate-with-the advocacy-program.~~

~~c) Responsibilities-of-SSI-advocacy-programs-include-but-are-not--limited to:~~

~~1) Assisting-the-client-in-completing-all-forms-required-for-the-SSI process;~~

~~2) Assisting--the--client--in--securing--and--providing--all-medical information-required-for-the-SSI-process;~~

~~3) Ensuring-that-the-client-attends-all-scheduled--SSI--appointments including-issuing-car-fare-or-arranging-for-other-transportation, when-necessary;~~

~~4) Contacting--the--Social--Security-Administration-(SSA)-to-request rescheduling-of-a-client-appointment,-when-required;~~

~~5) Maintaining-contact-with-the-SSA-regarding-the-status-of-the--SSI application;~~

~~6) Documenting-all-contacts-with-the-client-or-SSA;~~

~~7) Initiating--the--SSI--appeal/reconsideration--process--if-the-SSI application-is--denied,--through--the--Administrative--law--judge level;~~

~~8) Referring--the--case--for--assistance--under-the-Aid-to-the-Aged, Blind-or--Disabled--(AABD)--Program--upon--approval--of--the--SSI application,-and-advising-the-GA-office-to-cancel-the-GA-case;~~

~~9) Follow-up--after--a--decision--by--the--Administrative-law-judge, including-obtaining-a-copy-of-the-decision-and-referring-the-case for-appropriate-re-evaluation-in-the-case-of-a--decision--by--the Administrative--law--judge--that--the--client--is-not-disabled-or blind;-and~~

~~10) Maintaining-statistics--on--case--referrals,--actions--taken--and dispositions.~~

(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

Section 113.450 Limitation on Amount of Interim Assistance to Recipients from Other States (Repealed)

~~If-an-applicant-has-moved-to-Illinois-from-another-state-and-received-financial assistance--in--that--state--under--a-program-that-is-equivalent-to-the-Interim Assistance-program-during-any-of-the-twelve-months--immediately--preceding--the date--the-applicant's-current-Illinois-residency-began,-during-the-first-twelve months-that-the-applicant-resides-in-Illinois--the--applicant--is--eligible--to receive--assistance--in--an--amount--no--greater--than-the-amount-of-comparable assistance-received-from-the-other-state.~~

(Source: Repealed at 19 Ill. Reg. 15034, effective OCT 17 1995)

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1) Heading of the Part: Application Process

2) Code Citation: 89 Ill. Adm. Code 110

3) Section Numbers: Adopted Action:

110.32	Amendment
110.36	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 89-21.

5) Effective Date of Amendments: October 17, 1995

6) Does this rulemaking contain an automatic repeal date? No

7) Do these Amendments contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: October 17, 1995

9) Notice of Proposal Published in *Illinois Register*: June 23, 1995 (19 Ill. Reg. 8060)

10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No

11) Differences between proposal and final version: The following changes were made in the text of the proposed amendments:

1. In the index for Part 110 and in the heading for Section 110.36, a hyphen inserted was before "Medical".

2. In the AUTHORITY, the Ill. Rev. Stat. citation was deleted and the ILCS citation was added.

No other changes have been made in the text of the proposed amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Amendments replace Emergency Amendments currently in effect? No

14) Are there any Amendments pending on this Part? No

15) Summary and Purpose of Amendments: Pursuant to Public Act 89-21, the Department is making the following changes in the Interim Assistance and Transitional Assistance programs. These amendments are necessary to establish procedures for applications filed on or after July 1, 1995, and

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to provide for persons receiving Interim Assistance before September 1, 1995. In related rulemaking, changes in the Interim Assistance program were proposed in 89 Ill. Adm. Code 113 and 114.

1. The Interim Assistance program is being abolished effective September 1, 1995. Persons receiving Interim Assistance will continue to do so through August 31, 1995, unless otherwise cancelled under the eligibility requirements of the program. Applications for assistance filed on or after July 1, 1995, will not be considered under the Interim Assistance program but instead will be considered under the Transitional Assistance program. All Interim Assistance cases will be cancelled effective September 1, 1995. Persons cancelled can apply for Transitional Assistance.

2. The eligibility criteria for the Transitional Assistance program is being revised effective July 1, 1995. The following categories are eliminated as categories of eligibility: a) serious medical, physical or mental problem which prevents the client from working; b) lack of a high school diploma or GED, earnings of less than $2,000 in the last year, lack of earnings of $200 or more in three of the last 24 months and inability to read English at the 5.9 grade level; c) addictive drug or alcohol abuse problem which prevents the client from working.

3. Effective July 1, 1995, clients who apply for Transitional Assistance who claim to be disabled and unable to work and are awaiting a determination of eligibility for Supplemental Security Income (SSI) will be considered for eligibility under a new category. The Department will make a determination of disability for these persons. The determination of disability will use the same criteria as used by the Social Security Administration under the SSI program. If found disabled, the client will be eligible for cash benefits under Transitional Assistance, except as noted below. In addition, the client will be eligible for medical assistance under the Social Security Act due to the Department's determination of disability. If the client is not disabled, the client is ineligible for Transitional Assistance unless eligible under one of the other six remaining categories. If eligible for Transitional Assistance under one of the other six categories, the client will be eligible for medical assistance under the more restrictive General Assistance medical program.

4. Individuals determined disabled whose disability is based solely on substance addictions (drug abuse and alcoholism) and whose disability would cease were their addictions to end will be eligible for medical assistance only and will not receive a cash grant.

5. The Payment Level for Transitional Assistance is being reduced to $60 per month effective July 1, 1995. This amount will be effective in

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the City of Chicago, where the Transitional Assistance program is administered by the Department of Public Aid, as well as all local governmental units receiving State funds outside the City of Chicago, where the Transitional Assistance program is administered by the local governmental units. Public Act 89-21 allows the Department to reduce Transitional Assistance cash grants during the fiscal year in order to keep spending within the amount appropriated. If necessary, appropriate changes will be made to Sections 114.351, 114.352 and 114.353.

6. The SSI Advocacy program is retained, though its reference is moved from the Sections on Interim Assistance to the Sections on Transitional Assistance. Individuals determined disabled whose disability is based solely on substance addictions will not be referred to the SSI Advocacy Program.

7. Payment of attorney's fees for the successful representation of SSI and VA applicants before an Administrative Law Judge is retained for clients who receive cash assistance under a General Assistance program administered by the Department of Public Aid. Attorney's fees will not be paid for individuals determined disabled whose disability is based solely on substance addictions, nor for individuals who receive an award for both SSI and SSA benefits.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Judy Umunna
Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
(217) 524-3215

The full text of the Adopted Amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 110
APPLICATION PROCESS

Section
110.1 Incorporation By Reference
110.10 Application For Assistance
110.15 Local Office Action on Application for Public Assistance
110.20 Time Limitations On The Disposition Of An Application
110.30 Approval of An Application And Initial Authorization of Financial Assistance
110.32 ~~Approval of An Application and~~ Initial Authorization of Medical Assistance (MAG)
110.34 Approval of An Application and Initial Authorization of Medical Assistance - (MANG)
110.36 ~~Approval of An Application and~~ Initial Authorization of General Assistance - Medical ~~and Aid to the Medically Indigent~~
110.38 General Assistance and Aid to the Medically Indigent Special Approval Provisions
110.40 Denial Of An Application

AUTHORITY: Implementing Articles III, IV, V, VI and VII and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV,V, VI, VII and 12-13].

SOURCE: Filed and effective December 30, 1977; emergency amendment at 2 Ill. Reg. 44, p. 167, effective October 19, 1978, for a maximum of 150 days; amended at 3 Ill. Reg. 5, p. 875, effective February 2, 1979; amended at 3 Ill. Reg. 44, p. 173, effective October 19, 1979; amended at 6 Ill. Reg. 8125, effective July 1, 1982; codified at 7 Ill. Reg. 5195; amended at 8 Ill. Reg. 6760, effective May 3, 1984; amended at 9 Ill. Reg. 6798, effective April 30, 1985; amended at 9 Ill. Reg. 13087, effective August 16, 1985; amended at 12 Ill. Reg. 11457, effective July 1, 1988; amended at 13 Ill. Reg. 3836, effective March 10, 1989; amended at 13 Ill. Reg. 10628, effective June 22, 1989; amended at 14 Ill. Reg. 13198, effective August 6, 1990; amended at 16 Ill. Reg. 16618, effective October 23, 1992; amended at 17 Ill. Reg. 640, effective December 31, 1992; emergency amendment at 19 Ill. Reg. 8429, effective June 9, 1995, for a maximum of 150 days; amend at 19 Ill. Reg. 15053 effective OCT 17 1995.

Section 110.32 ~~Approval of An Application and~~ Initial Authorization of Medical Assistance (MAG)

Medical Assistance (MAG) (for Aid to the Aged, Blind or Disabled and Aid to Families with Dependant Children) and medical assistance for General Assistance

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clients determined by the Department to be disabled shall be authorized, dependent on the specific case situation, effective:

a) The first day of the month of application, providing the client was eligible that month, or
b) The first day of the month of initial eligibility subsequent to the month of application, or
c) The first day of each month within the 3 months prior to the date of application. The applicant must be both categorically and financially eligible for the month or months ~~month(s)~~ for which medical need has been established. The months of retroactive medical eligibility may be noncontinuous.

(Source: Amended at 19 Ill. Reg. 15053, effective OCT 17 1995)

Section 110.36 ~~Approval of An Application and~~ Initial Authorization of General Assistance - Medical ~~and Aid to the Medically Indigent~~

General Assistance (GA) medical assistance, except for clients determined by the Department to be disabled, ~~and Aid to the Medically Indigent (AMI)~~ shall be authorized, dependent on the specific case situation, effective:

a) The first day of the month of application providing the client was eligible that month; or
b) The first day of the month immediately prior to the month of application; or
c) The first day of the month of initial eligibility subsequent to the month in which application is made.

(Source: Amended at 19 Ill. Reg. 15053, effective OCT 17 1995)

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1) Heading of the Part: General Assistance

2) Code Citation: 89 Ill. Adm. Code 114

3) Section Numbers: Adopted Action:

114.1	Amendment
114.2	Amendment
114.3	New Section
114.351	Amendment
114.352	Amendment
114.353	Amendment
114.402	Amendment
114.440	Amendment
114.442	New Section

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/6-11] and Public Act 89-21.

5) Effective Date of Amendments: October 17, 1995

6) Does this rulemaking contain an automatic repeal date? No

7) Do these Amendments contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: October 17, 1995

9) Notice of Proposal Published in Illinois Register: June 23, 1995 (19 Ill. Reg. 8063)

10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No

11) Differences between proposal and final version: The following changes were made in the text of the proposed amendments:

1. In Section 114.1(c)(2), a comma was inserted after "subsection (c)(1) above".

2. In Section 114.2(b)(1)(E), all references to "the client notifies that Department" were changed to "the client notifies the Department".

3. In Section 114.440(b), a comma was inserted after "To receive payment".

4. In Section 114.440(c), "within 30 days of receipt" was changed to "within 30 days after receipt".

5. In Section 114.442(b), a comma was inserted after "To receive payment".

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6. In Section 114.442(c), "within 30 days of receipt" was changed to "within 30 days after receipt".

No other changes have been made in the text of the proposed amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Amendments replace Emergency Amendments currently in effect? Yes

14) Are there any Amendments pending on this Part? No

15) Summary and Purpose of Amendments: Pursuant to Public Act 89-21, the Department is making the following changes in the Interim Assistance and Transitional Assistance programs. These amendments are necessary to establish procedures for applications filed on or after July 1, 1995, and to provide for persons receiving Interim Assistance before September 1, 1995. Related changes in the Interim Assistance program were also proposed in 89 Ill. Adm. Code 113. There were also some changes proposed in 89 Ill. Adm. Code 110 that relate to these programs.

1. The Interim Assistance program is being abolished effective September 1, 1995. Persons receiving Interim Assistance will continue to do so through August 31, 1995, unless otherwise cancelled under the eligibility requirements of the program. Applications for assistance filed on or after July 1, 1995, will not be considered under the Interim Assistance program but instead will be considered under the Transitional Assistance program. All Interim Assistance cases will be cancelled effective September 1, 1995. Persons cancelled can apply for Transitional Assistance.

2. The eligibility criteria for the Transitional Assistance program is being revised effective July 1, 1995. The following categories are eliminated as categories of eligibility: a) serious medical, physical or mental problem which prevents the client from working; b) lack of a high school diploma or GED, earnings of less than $2,000 in the last year, lack of earnings of $200 or more in three of the last 24 months and inability to read English at the 5.9 grade level; c) addictive drug or alcohol abuse problem which prevents the client from working.

3. Effective July 1, 1995, clients who apply for Transitional Assistance who claim to be disabled and unable to work and are awaiting a determination of eligibility for Supplemental Security Income (SSI) will be considered for eligibility under a new category. The Department will make a determination of disability for these persons.

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The determination of disability will use the same criteria as used by the Social Security Administration under the SSI program. If found disabled, the client will be eligible for cash benefits under Transitional Assistance, except as noted below. In addition, the client will be eligible for medical assistance under the Social Security Act due to the Department's determination of disability. If the client is not disabled, the client is ineligible for Transitional Assistance unless eligible under one of the other six remaining categories. If eligible for Transitional Assistance under one of the other six categories, the client will be eligible for medical assistance under the more restrictive General Assistance medical program.

4. Individuals determined disabled whose disability is based solely on substance addictions (drug abuse and alcoholism) and whose disability would cease were their addictions to end will be eligible for medical assistance only and will not receive a cash grant.

5. The Payment Level for Transitional Assistance is being reduced to $60 per month effective July 1, 1995. This amount will be effective in the City of Chicago, where the Transitional Assistance program is administered by the Department of Public Aid, as well as all local governmental units receiving State funds outside the City of Chicago, where the Transitional Assistance program is administered by the local governmental units. Public Act 89-21 allows the Department to reduce Transitional Assistance cash grants during the fiscal year in order to keep spending within the amount appropriated. If necessary, appropriate changes will be made to Sections 114.351, 114.352 and 114.353.

6. The SSI Advocacy program is retained, though its reference is moved from the Sections on Interim Assistance to the Sections on Transitional Assistance. Individuals determined disabled whose disability is based solely on substance addictions will not be referred to the SSI Advocacy Program.

7. Payment of attorney's fees for the successful representation of SSI and VA applicants before an Administrative Law Judge is retained for clients who receive cash assistance under a General Assistance program administered by the Department of Public Aid. Attorney's fees will not be paid for individuals determined disabled whose disability is based solely on substance addictions, nor for individuals who receive an award for both SSI and SSA benefits.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Judy Umunna

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
(217) 524-3215

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 114
GENERAL ASSISTANCE

SUBPART A: GENERAL PROVISIONS

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

SUBPART C: PROJECT ADVANCE

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SUBPART D: EMPLOYMENT AND TRAINING REQUIREMENTS

SUBPART E: FINANCIAL FACTORS OF ELIGIBILITY

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SUBPART F: PAYMENT AMOUNTS

SUBPART G: OTHER PROVISIONS

SUBPART H: CHILD CARE

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SUBPART I: TRANSITIONAL CHILD CARE

AUTHORITY: Implementing Article VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. VI and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg.

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7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 7, 1983; amended (by adding sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9909, effective August 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 16107; amended at 7 Ill. Reg. 16408, effective November 30, 1983; amended at 7 Ill. Reg. 16652, effective December 1, 1983; amended at 8 Ill. Reg. 243, effective December 27, 1983; amended at 8 Ill. Reg. 5233, effective April 9, 1984; amended at 8 Ill. Reg. 6764, effective April 27, 1984; amended at 8 Ill. Reg. 11435, effective June 27, 1984; amended at 8 Ill. Reg. 13319, effective July 16, 1984; amended at 8 Ill. Reg. 16237, effective August 24, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17896; amended at 9 Ill. Reg. 314, effective January 1, 1985; emergency amendment at 9 Ill. Reg. 823, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9557, effective June 5, 1985; amended at 9 Ill. Reg. 10764, effective July 5, 1985; amended at 9 Ill. Reg. 15800, effective October 16, 1985; amended at 10 Ill. Reg. 1924, effective January 17, 1986; amended at 10 Ill. Reg. 3660, effective January 30, 1986; emergency amendment at 10 Ill. Reg. 4646, effective February 3, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 4896, effective March 7, 1986; amended at 10 Ill. Reg. 10681, effective June 3, 1986; amended at 10 Ill. Reg. 11041, effective June 5, 1986; amended at 10 Ill. Reg. 12662, effective July 14, 1986; amended at 10 Ill. Reg. 15118, effective September 5, 1986; amended at 10 Ill. Reg. 15640,

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effective September 19, 1986; amended at 10 Ill. Reg. 19079, effective October 24, 1986; amended at 11 Ill. Reg. 2307, effective January 16, 1987; amended at 11 Ill. Reg. 5297, effective March 11, 1987; amended at 11 Ill. Reg. 6238, effective March 20, 1987; emergency amendment at 11 Ill. Reg. 12449, effective July 10, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 12948, effective August 1, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 18311, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 18689, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18791, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20129, effective December 4, 1987; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 889, effective January 1, 1988; SUBPARTS C, D and E recodified to SUBPARTS E, F and G at 12 Ill. Reg. 2147; Section 114.110 recodified to Section 114.52 at 12 Ill. Reg. 2984; amended at 12 Ill. Reg. 3505, effective January 22, 1988; amended at 12 Ill. Reg. 6170, effective March 18, 1988; amended at 12 Ill. Reg. 6719, effective March 22, 1988; amended at 12 Ill. Reg. 9108, effective May 20, 1988; amended at 12 Ill. Reg. 9699, effective May 24, 1988; amended at 12 Ill. Reg. 9940, effective May 31, 1988; amended at 12 Ill. Reg. 11474, effective June 30, 1988; amended at 12 Ill. Reg. 14255, effective August 30, 1988; emergency amendment at 12 Ill. Reg. 14364, effective September 1, 1988, for a maximum of 150 days; amendment at 12 Ill. Reg. 16729, effective September 30, 1988; amended at 12 Ill. Reg. 20171, effective November 28, 1988; amended at 13 Ill. Reg. 89, effective January 1, 1989; amended at 13 Ill. Reg. 1546, effective January 20, 1989; amended at 13 Ill. Reg. 3900, effective March 10, 1989; amended at 13 Ill. Reg. 8580, effective May 20, 1989; emergency amendment at 13 Ill. Reg. 16169, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 16015, effective October 6, 1989; amended at 14 Ill. Reg. 746, effective January 1, 1990; amended at 14 Ill. Reg. 3640, effective February 23, 1990; amended at 14 Ill. Reg. 6360, effective April 16, 1990; amended at 14 Ill. Reg. 10929, effective June 20, 1990; amended at 14 Ill. Reg. 13215, effective August 6, 1990; amended at 14 Ill. Reg. 13777, effective August 10, 1990; amended at 14 Ill. Reg. 14162, effective August 17, 1990; amended at 14 Ill. Reg. 17111, effective September 30, 1990; amended at 15 Ill. Reg. 288, effective January 1, 1991; amended at 15 Ill. Reg. 5710, effective April 10, 1991; amended at 15 Ill. Reg. 11164, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3512, effective February 20, 1992; emergency amendment at 16 Ill. Reg. 4540, effective March 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 11662, effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 13297, effective August 15, 1992; emergency amendment at 16 Ill. Reg. 13651, effective September 1, 1992, for a maximum 150 days; emergency amendment at 16 Ill. Reg. 14769, effective September 15, 1992, for a maximum of 150 days; emergency amended at 16 Ill. Reg. 17772, effective November 13, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 18815, effective November 24, 1992; amended at 17 Ill. Reg. 1091, effective January 15, 1993; amended at 16 Ill. Reg. 18815, effective November 24, 1992; amended at 17 Ill. Reg. 1091, effective January 15, 1993; amended at 17 Ill. Reg. 2277, effective February

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15, 1993; amended at 17 Ill. Reg. 3255, effective March 1, 1993; amended at 17 Ill. Reg. 3639, effective February 26, 1993; amended at 17 Ill. Reg. 3255, effective March 1, 1993; amended at 17 Ill. Reg. 6814, effective April 21, 1993; emergency amendment at 17 Ill. Reg. 19728, effective November 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 3436, effective February 28, 1994; amended at 18 Ill. Reg. 7390, effective April 29, 1994; amended at 18 Ill. Reg. 12839, effective August 5, 1994; emergency amendment at 19 Ill. Reg. 8434, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15058, effective OCT 17 1995.

SUBPART A: GENERAL PROVISIONS

Section 114.1 Description of the Assistance Program

a) The General Assistance program provides--financial and medical assistance ~~available~~ to eligible needy families or individuals who are ineligible to receive assistance through a categorical or Federal Assistance Program. ~~See 89 Ill. Adm. Code 140.5 for covered medical services.~~

b) General Assistance is provided to eligible families and to pregnant women, as defined in Section 114.400, through the Family and Children Assistance program. Assistance is provided without regard to any limitation on the number of months an eligible family or pregnant woman may receive such benefits.

c) For Fiscal Year 1992 (July 1, 1991 through June 30, 1992), General Assistance is provided to individual adults, as defined in 89 Ill. Adm. Code 114.400, through the Transitional Assistance program, with the following limitations:

1) Individuals receiving Transitional Assistance may only receive such assistance for nine calendar months. Receipt of General Assistance or Transitional Assistance for any month in Fiscal Year 1992 (July 1991 through June 1992), shall count towards this limitation.

2) Transitional Assistance shall not be continued pending a final decision in an appeal past the nine month limitation in subsection (c)(1) above, under any circumstances, unless the client has appealed a determination of employability on a timely basis and the hearing is pending on the date the nine month limitation would become effective for that client.

3) Notwithstanding subsection (c)(1) above, eligible individuals may qualify for Transitional Assistance without regard to any limitations on the number of months of eligibility during any time period if the individual is determined to be not employable pursuant to Section 114.2.

d) Effective July 1, 1995 ~~1992~~, General Assistance is provided to individual adults, as defined in Section 114.400, through the Transitional Assistance program only for those individuals determined to be not employable pursuant to Section 114.2 ~~and only for those~~

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~~months that the client is considered not employable pursuant to Section 114.2~~.

e) Individuals determined to be not employable under Section 114.2(b)(1) whose disability is based solely on substance addictions (drug abuse and alcoholism) and whose disability would cease were their addictions to end shall not be eligible for cash benefits, but shall only be eligible for medical assistance.

f) Individuals determined to be not employable under Section 114.2(b)(1) shall be entitled to medical services under 89 Ill. Adm. Code 140.3. All other General Assistance recipients shall be entitled to medical services under 89 Ill. Adm. Code 140.5.

(Source: Amended at 19 Ill. Reg. 15058, effective OCT 17 1995)

Section 114.2 Determination of Not Employable

a) Unless determined not employable pursuant to this Section, a client shall be considered employable.

b) A client shall be determined not employable if determined to meet one of the following criteria:

1) Disabled as determined by the Department, using the same criteria as the Social Security Administration (SSA) under the Supplemental Security Income (SSI) program (see 20 CFR 416, Subpart I, April 1, 1994) in accordance with the provisions of this subsection (b)(1).

A) As a condition of eligibility, the individual must have filed an application for SSI and:

i) The application is pending;

ii) The application was denied due to a finding of not blind or not disabled and an appeal of the decision is pending with SSA at the reconsideration or Administrative Law Judge (ALJ) level; or

iii) The application has been approved for temporary SSI benefits.

B) The individual must sign an authorization form for repayment of assistance paid while an SSI application is pending.

C) If the individual has been denied SSI due to a finding of not disabled (either at the ALJ level or above, or at a lower level if that determination is not appealed) the Department shall adopt that finding and the individual shall not be eligible for State Transitional Assistance.

D) An individual who has been denied SSI within the previous 12 months due to a finding of not disabled (either at the ALJ level or above, or at a lower level if that determination is not appealed) cannot be determined disabled by the Department unless the individual shows that there has been a substantial change in medical condition or that there has

been a substantial change in other factors, such as age or work experience, which now make the individual disabled.

E) If the individual has been denied SSI due to a finding of not disabled and the client notifies the Department within 10 days after the date of the Department notice of termination that an appeal has been filed, assistance will be continued with no break. If the client notifies the Department within 11 through 65 days after the date of the notice of termination, assistance will be reinstated back to the date of the cancellation. If the client notifies the Department that an appeal has been filed more than 65 days from the date of the notice of termination, assistance will be provided prospectively, unless the client filed the appeal within 65 days after the Department notice, in which case assistance will be reinstated back to the date of the cancellation.

F) If the ALJ finds the individual not disabled, the Department shall accept the finding as final. The individual is no longer eligible for State Transitional Assistance, unless the individual is eligible under one of the other criteria in this subsection (b). The individual may appeal this determination only through an appeal of the ALJ's decision with the SSA's appeal system.

G) If an individual is determined eligible for SSI, eligibility for Aid to the Aged, Blind or Disabled will be determined under 89 Ill. Adm. Code 113. The individual is not eligible for General Assistance.

H) The individual must cooperate with any requirements of the SSI advocacy program. The individual must cooperate by appealing any denial of SSI through the ALJ level.

2)~~1~~) Age 55 or over and has not had gross earnings totaling $2,000 or more in the past year and also has not earned at least $200 a month in seven of the last twelve months;

~~2) Serious medical, physical or mental problem which prevents the client from working. Referral and payment to medical providers will be made for relevant examinations and reports to make this determination where the client has been unable to secure any documentation or reports or where the Department determines that further documentation or reports are necessary to make a determination. Medical transportation will also be provided if necessary and requested by the client;~~

3) Needed at home to care for another person, as determined by a medical provider;

~~4) Does not have a high school diploma or GED, does not have gross earnings totaling $2,000 or more in the past year, has not earned at least $200 a month in three of the last twenty four months, and who cannot read English at the 5.9 grade level. Under this last category of not employable, if a client has not attained the required reading level after receiving Transitional Assistance for twelve months, the client will then be deemed employable, unless not employable under a different criteria;~~

~~5) Suffers from an addictive drug or alcohol abuse problem which prevents the client from working. Documentation of the condition and inability to work must be provided by a medical provider or other substance abuse provider and the client must be seeking treatment or be referred to and seeking treatment through the Department of Alcoholism and Substance Abuse or a community based agency providing DASA services;~~

4)~~6~~) Is homeless due to the occurrence within six months of the date of application of a court-ordered evacuation of a building in which he or she lived, domestic violence, fire or natural disaster. Homeless, for this purpose, is defined as residing in a homeless or domestic violence shelter. An individual can be considered not employable for this reason until the client is no longer homeless or until six months have elapsed from the date of application, whichever is earlier;

5)~~7~~) Under the age of 20 and in full-time school attendance in high school or the equivalent vocational or other training school;

6)~~8~~) Required to take medication to control diabetes, hypertension or seizure disorders; or

7)~~9~~) Temporarily ill or incapacitated. The client is only eligible during the period of medically documented illness or incapacity.

~~c) If a client claims to be unable to work due to a serious medical, physical or mental problem (including alcohol or other substance abuse under subsection (b)(2) or (b)(5) above), a determination of eligibility for Interim Assistance shall first be made. (See 89 Ill. Adm. Code 113.400 et seq.) The determination of more likely than not eligible for SSI made under the Interim Assistance program shall constitute the determination of whether a client is not employable. The Department has combined the determination of "more likely than not eligible for SSI" and the determination of whether a client is "not employable" on the basis of a serious medical, physical or mental problem. The single standard has been developed based on the standard of "chronically needy" found in Section 6 11(c)(2) of the Public Aid Code. (Ill. Rev. Stat. 1991, ch. 23, par. 6 11(c)(2)). (See 89 Ill. Adm. Code 113.410 for this standard.)~~

~~d) The client must cooperate in the eligibility process for Interim Assistance, including but not limited to applying for SSI and cooperating with any requirements of the SSI Advocacy program, in order to be eligible either for Interim Assistance or Transitional Assistance.~~

~~e) If the client is determined to be more likely than not eligible for SSI, the client shall be entitled to Interim Assistance. If the client is determined to be not more likely than not eligible for SSI, this shall constitute a determination that the client is employable.~~

~~f) An Interim Assistance recipient who is later determined not disabled~~

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~~by the Social Security Administration, and therefore ineligible for SSI, loses eligibility for Interim Assistance. However, that client shall continue to be considered not employable for purposes of Transitional Assistance until determined otherwise.~~

(Source: Amended at 19 Ill. Reg. 15058, effective OCT 17 1995)

Section 114.3 Advocacy Program for Persons Receiving State Transitional Assistance

a) The Department shall establish advocacy programs to help clients pursue Supplemental Security Income (SSI) applications and, for those found ineligible for SSI initially, to help clients pursue the SSI reconsideration and appeal process. The programs may be limited to specific geographic areas. These programs are not available to persons whose disability is based solely on substance addictions (see Section 114.1(e)).

b) For those geographic areas of the State where an advocacy program is established, it shall be a condition of eligibility for State Transitional Assistance for the client to participate in and cooperate with the advocacy program.

c) Responsibilities of SSI advocacy programs include but are not limited to:

1) Assisting the client in completing all forms required for the SSI process;

2) Assisting the client in securing and providing all medical information required for the SSI process;

3) Ensuring that the client attends all scheduled SSI appointments including issuing carfare or arranging for other transportation, when necessary;

4) Contacting the Social Security Administration (SSA) to request rescheduling of a client appointment, when required;

5) Maintaining contact with the SSA regarding the status of the SSI application;

6) Documenting all contacts with the client or SSA;

7) Initiating the SSI appeal and reconsideration process if the SSI application is denied, through the Administrative Law Judge level;

8) Referring the case for assistance under the Aid to the Aged, Blind or Disabled (AABD) Program upon approval of the SSI application, and advising the GA office to cancel the GA case;

9) Follow-up after a decision by the Administrative Law Judge, including obtaining a copy of the decision and referring the case for appropriate re-evaluation in the case of a decision by the Administrative Law Judge that the client is not disabled or blind; and

10) Maintaining statistics on case referrals, actions taken and dispositions.

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(Source: Added at 19 Ill. Reg. 15058, effective OCT 17 1995)

Section 114.351 Payment Levels in Group I Counties

a) The following payment levels are established for the GA Program in Group I Counties.

b) The counties included in Group I are:

Boone	Kane	Ogle
Champaign	Kankakee	Whiteside
Cook	Kendall	Winnebago
DeKalb	Lake	Woodford
Dupage	McHenry	

1) Family and Children Assistance Case Payment Levels

SIZE OF ASSISTANCE UNIT	CARETAKER RELATIVE(S) AND CHILD(REN) CURRENT	CHILD(REN) ONLY CURRENT
1	165	102
2	278	201
3	377	249
4	414	319
5	485	379
6	545	407
7	574	438
8	604	469
9	635	503
10	669	538
11	705	576
12	741	614
13	781	
14	822	
15	866	
16	911	
17	959	
18	1010	

2) The Transitional Assistance case payment level in Group I counties is $60 ~~$154~~.

c) For family sizes greater than 18 or 12, the amount of the payment level shall be determined by adding $50.00 or $38.00 respectively for each person above 18 or 12.

d) As the legislature has determined that payments under the GA program

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should contain amounts for the purpose of energy assistance, and has directed that such amounts be established by rule, the first $10 of the GA Payment Level, in the City of Chicago and, for Caretaker Relatives and Children, Family size of 1, and the first $18 of the GA Payment Level for Caretaker Relatives and Children of other family sizes has been designated as being for the purpose of energy assistance.

(Source: Amended at 19 Ill. Reg. 15058, effective OCT 17 1995)

Section 114.352 Payment Levels in Group II Counties

a) The following payment levels are established for the GA Program in Group II Counties.
b) The counties included in Group II are:

Adams	Lee	St. Clair
Bureau	Livingston	Stephenson
Carroll	Logan	Tazewell
Clinton	Macon	Vermilion
Coles	Macoupin	Wabash
DeWitt	Madison	Warren
Douglas	McDonough	Will
Effingham	McLean	
Ford	Mercer	
Fulton	Monroe	
Grundy	Morgan	
Henry	Moultrie	
Iroquois	Peoria	
Jackson	Piatt	
Jo Daviess	Putnam	
Knox	Rock Island	
LaSalle	Sangamon	

1) Family and Children Assistance Case Payment Levels

SIZE OF ASSISTANCE UNIT	CARETAKER RELATIVE(S) AND CHILD(REN) CURRENT	CHILD(REN) ONLY CURRENT
1	160	97
2	269	194
3	365	242
4	403	311
5	471	369
6	529	397

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7	557	427
8	588	459
9	619	491
10	651	525
11	685	561
12	721	599
13	760	
14	799	
15	841	
16	886	
17	934	
18	982	

2) The Transitional Assistance case payment level in Group II counties is $60 ~~$149~~.

c) For family sizes greater than 18 or 12, the amount of the payment level shall be determined by adding $48.00 or $38.00 respectively for each person above 18 or 12.
d) As the legislature has determined that payments under the GA program should contain amounts for the purpose of energy assistance, and has directed that such amounts by established by rule, the first $5 of the GA Payment Level for Caretaker Relative and Children, Family size of 1, and the first $18 of the GA Payment Level for Caretaker Relatives and Children of other family sizes has been designated as being for the purpose of energy assistance.

(Source: Amended at 19 Ill. Reg. 15058, effective ~~OCT 17 1995~~)

Section 114.353 Payment Levels in Group III Counties

a) The following payment levels are established for the GA Program in Group III Counties.
b) The counties included in Group III are:

Alexander	Edgar	Jasper	Montgomery	Shelby
Bond	Edwards	Jefferson	Perry	Stark
Brown	Fayette	Jersey	Pike	Union
Calhoun	Franklin	Johnson	Pope	Washington
Cass	Gallatin	Lawrence	Pulaski	Wayne
Christian	Greene	Marion	Randolph	White
Clark	Hamilton	Marshall	Richland	Williamson
Clay	Hancock	Mason	Saline	
Crawford	Hardin	Massac	Schuyler	
Cumberland	Henderson	Menard	Scott	

1) Family and Children Assistance Case Payment Levels

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SIZE OF ASSISTANCE UNIT	CARETAKER RELATIVE(S) AND CHILD(REN) CURRENT	CHILD(REN) ONLY CURRENT
1	154	94
2	257	188
3	349	237
4	389	302
5	453	359
6	511	387
7	538	414
8	566	445
9	597	477
10	628	510
11	662	545
12	696	581
13	733	
14	771	
15	812	
16	855	
17	900	
18	948	

2) The Transitional Assistance case payment level in Group III counties is $60 ~~$144~~.

c) For family sizes greater than 18 or 12, the amount of the payment level shall be determined by adding $48.00 or $36.00 respectively for each person above 18 or 12.

d) As the legislature has determined that payments under the GA program should contain amounts for the purpose of energy assistance, and has directed that such amounts be established by rule, the first $18 of the GA Payment Level for Caretaker Relatives and Children of all family sizes except the family size of 1 has been designated as being for the purpose of energy assistance.

(Source: Amended at 19 Ill. Reg. 15058, effective OCT 17 1995)

Section 114.402 Special Needs Authorizations

If the General Assistance unit is determined eligible for an assistance payment, additional payment(s) will be authorized upon request of the client and verification of provision of the service in the following circumstances:

a) A change in mailing date of the regular warrant creates a period of unmet need.

b) Correction of an underpayment.

c) A student who is a junior or senior in high school is included in the

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assistance unit as an eligible child (applies only to family cases). The allowance is $15.00 per quarter payable three times a year.

d) A therapeutic diet allowance is required for an eligible recipient and the diet is prescribed by a physician. The amounts are:

1) The amounts are:

A) Ulcer (and other chronic conditions requiring a bland low residue diet): $5.95 per month.

B) Diabetic diet (less than 1700 calories): $7.92 per month.

C) Diabetic diet (1700 calories or more): $17.82 per month.

D) High protein, high caloric, high vitamin: $12.85 per month.

2) Approval of an allowance in a different amount or for a non-standard prescribed diet requires approval of the Department. Non-standard diets are approved by the Bureau of Comprehensive Health Services based on the individual needs of the client.

~~1) Children $17.82 per month~~

~~2) Adults, less than 1700 calories $7.92 per month~~

~~3) Adults, 1700 calories or more $17.82 per month~~

~~e) Transportation is required for drug and alcohol treatment/rehabilitation programs. Transportation is not to be paid by the Department if it can be provided without charge by relatives, friends or other agencies or services. A client is expected to use any cost-free mode of transportation available in the community.~~

e)~~f)~~ The Department will not use special needs items to determine need in establishing initial or continuing eligibility for GA. Need based on the Payment Level must exist before the consideration of payment for a special need.

(Source: Amended at 19 Ill. Reg. 15058, effective OCT 17 1995)

Section 114.440 Attorney's Fees for VA Appellants

a) The Department will pay any attorney, or advocate working under the supervision of an attorney, who represents a recipient of cash benefits under the General Assistance ~~(GA)~~ program administered by the Department in an appeal of any claim for federal Veterans' benefits before a hearing officer at a Veterans' Administration Regional Office or upon an initial appeal to the Board of Veterans' Appeals, which is decided in favor of the recipient. The amount of the payment will be 25 percent % of the maximum federal Supplemental Security Income grant payable to the individual for a period of one ~~(1)~~ year.

b) To receive ~~secure~~ payment, the attorney or ~~/~~ advocate must submit his or ~~/~~ her request for payment to the ~~Illinois~~ Department ~~of Public Aid~~. The request for payment must be postmarked no more than 60 ~~sixty (60)~~ days from the date of the notice of the favorable decision by the Hearing Officer. The following information must be included with the

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request:
1) proof that the attorney or ~~/~~ advocate represented the client;
2) a copy of the favorable decision;
3) the attorney's or ~~/~~ advocate's bill;
4) the GA recipient's name, address and Public Aid case number; and
5) the attorney's or ~~/~~ advocate's Federal Employee Identification number or Social Security number.

c) The Department will make payment within 30 ~~thirty (30)~~ days after ~~of~~ receipt of the information listed in subsection (b) above.

d) The attorney or ~~/~~ advocate must agree to waive the right to charge or collect fees and expenses from the General Assistance ~~GA~~ recipient.

(Source: Amended at 19 Ill. Reg. 15058, effective OCT 17 1995)

Section 114.442 Attorney's Fees for SSI Applicants

a) The Department will pay any attorney, or advocate working under the supervision of an attorney, who represents a recipient of cash benefits under the General Assistance program administered by the Department in an appeal of any claim for Supplemental Security Income (SSI) benefits before an Administrative Law Judge, which is decided in favor of the recipient. The amount of the payment will be 25 percent of the maximum SSI grant payable to the individual for a period of one year. The Department will not pay attorney's fees in cases of concurrent awards where the client is awarded both SSI and Title II (SSA) benefits.

b) To receive payment, the attorney or advocate must submit his or her request for payment to the Department. The request for payment must be postmarked no more than 60 days from the date of the notice of the favorable decision by the Administrative Law Judge. The following information must be included with the request:
1) proof that the attorney or advocate represented the client;
2) a copy of the favorable decision;
3) the attorney's or advocate's bill;
4) the General Assistance recipient's name, address and Public Aid case number; and
5) the attorney's or advocate's Federal Employee Identification number or Social Security number.

c) The Department will make payment within 30 days after receipt of the information listed in subsection (b) above.

d) The attorney or advocate must agree to waive the right to charge or collect fees and expenses from the General Assistance recipient.

(Source: Added at 19 Ill. Reg. 15058, effective OCT 17 1995)

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Medical Assistance Programs

2) Code Citation: 89 Ill. Adm. Code 120

3) Section Numbers: Adopted Action:

120.379	Amendment
120.386	Amendment
120.387	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13].

5) Effective Date of Amendments: October 17, 1995

6) Does this rulemaking contain an automatic repeal date? No

7) Do these Amendments contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: October 17, 1995

9) Notice of Proposal Published in Illinois Register: May 19, 1995 (19 Ill. Reg. 6770)

10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No

11) Differences between proposal and final version: The following changes were made in the text of the proposed amendments:

1. In Section 120.379(a), "applies" was changed to "apply".

2. In Section 120.379(d)(1), a closing parenthesis was added after "Section".

3. In Section 120.386(a)(1), "provisions" was changed to "provision".

4. In Section 120.386(c)(3)(E), the closing period was stricken and an underlined semicolon was added.

5. In Section 120.386(c)(4), the opening "The" was changed to the lower case.

6. In Section 120.387(a), "provisions" was changed to "provision" and the comma after "level of care" was deleted.

7. In Sections 120.387(e)(1) and 120.387(e)(1)(A), the closing periods were stricken and replaced by underlined semicolons.

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NOTICE OF ADOPTED AMENDMENTS

No other changes were made in the text of the proposed amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Amendments replace Emergency Amendments currently in effect? Yes

14) Are there any Amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
120.11	Amendment	August 25, 1995 (19 Ill. Reg. 12192)
120.30	Amendment	October 6, 1995 (19 Ill. Reg. 13797)
120.64	Amendment	August 25, 1995 (19 Ill. Reg. 12192)
120.80	Amendment	June 30, 1995 (19 Ill. Reg. 8512)
120.310	Amendment	August 25, 1995 (19 Ill. Reg. 12192)
120.390	Amendment	August 25, 1995 (19 Ill. Reg. 12192)
120.391	Amendment	August 25, 1995 (19 Ill. Reg. 12192)
120.392	Amendment	August 25, 1995 (19 Ill. Reg. 12192)

15) Summary and Purpose of Amendments: In accordance with P.A. 87-470, these proposed amendments extend provisions for the prevention of spousal impoverishment to persons, who but for the receipt of home and community-based services under Section 4.02 of the Illinois Act on the Aging, would require the level of care provided in a long term care facility and whose spouse resides in the community. The Department on Aging will apply provisions for the prevention of spousal impoverishment in accordance with 89 Ill. Adm. Code 240.810 and 89 Ill. Adm. Code 240.825.

This rulemaking enables individuals eligible for nursing home care who choose instead to receive services under the Home and Community Based Waiver Program administered by the Department on Aging to utilize the same provisions for spousal impoverishment prevention as persons receiving nursing home care. These provisions include transferability of assets and, for MANG clients, deduction from non-SSI income for a Community Spouse Maintenance Needs Allowance and a Family Maintenance Needs Allowance. Without this provision, these individuals would be forced to enter nursing home facilities to receive the needed level of care.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Name: Judy Umunna
Address: Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Springfield, Illinois 62762
Telephone: (217) 524-3215

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120
MEDICAL ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section
120.1 Incorporation By Reference

SUBPART B: ASSISTANCE STANDARDS

Section
120.10 Eligibility For Medical Assistance
120.11 Eligibility For Medical Assistance For Pregnant Women and Children Born October 1, 1983, or Later Who Do Not Qualify As Mandatory Categorically Needy
120.12 Healthy Start - Medicaid Presumptive Eligibility Program For Pregnant Women
120.20 MANG(AABD) Income Standard
120.30 MANG(C) Income Standard
120.31 MANG(P) Income Standard
120.40 Exceptions To Use Of MANG Income Standard
120.50 AMI Income Standard (Repealed)

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section
120.60 All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Children Born October 1, 1983, or Later Who Do Not Qualify As Mandatory Categorically Needy
120.61 Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG(AABD) and All Other Licensed Medical Facilities
120.62 Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings Under 89 Ill. Adm. Code 140.643
120.63 Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings
120.64 Pregnant Women and Children Born October 1, 1983, or Later Who Do Not Qualify As Mandatory Categorically Needy
120.65 Department of Mental Health and Developmental Disabilities (DMHDD) Licensed Community - Integrated Living Arrangements

SUBPART D: SUPPLEMENTARY MEDICAL INSURANCE

DEPARTMENT OF PUBLIC AID

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Section
120.70 Supplementary Medical Insurance Benefits (SMIB) Buy-In Program
120.72 Eligibility for Medicare Cost Sharing as a Qualified Medicare Beneficiary (QMB)
120.73 Eligibility for Medical Payment of Medicare Part B Premiums as a Specified Low-Income Medicare Beneficiary (SLIB)
120.74 Qualified Medicare Beneficiary (QMB) Income Standard
120.75 Specified Low-Income Medicare Beneficiary (SLIB) Income Standard
120.76 Hospital Insurance Benefits (HIB)

SUBPART E: RECIPIENT RESTRICTION PROGRAM

Section
120.80 Recipient Restriction Program

SUBPART F: MIGRANT MEDICAL PROGRAM

Section
120.90 Migrant Medical Program
120.91 Income Standards

SUBPART G: AID TO THE MEDICALLY INDIGENT

Section
120.200 Elimination of Aid to The Medically Indigent
120.208 Client Cooperation (Repealed)
120.210 Citizenship (Repealed)
120.211 Residence (Repealed)
120.212 Age (Repealed)
120.215 Relationship (Repealed)
120.216 Living Arrangement (Repealed)
120.217 Supplemental Payments (Repealed)
120.218 Institutional Status (Repealed)
120.224 Foster Care Program (Repealed)
120.225 Social Security Numbers (Repealed)
120.230 Unearned Income (Repealed)
120.235 Exempt Unearned Income (Repealed)
120.236 Education Benefits (Repealed)
120.240 Unearned Income In-Kind (Repealed)
120.245 Earmarked Income (Repealed)
120.250 Lump Sum Payments and Income Tax Refunds (Repealed)
120.255 Protected Income (Repealed)
120.260 Earned Income (Repealed)
120.261 Budgeting Earned Income (Repealed)
120.262 Exempt Earned Income (Repealed)
120.270 Recognized Employment Expenses (Repealed)
120.271 Income From Work/Study/Training Program (Repealed)
120.272 Earned Income From Self-Employment (Repealed)

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NOTICE OF ADOPTED AMENDMENTS

SUBPART H: MEDICAL ASSISTANCE - NO GRANT

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

AUTHORITY: Implementing Articles III, IV, V, VI and VII and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and VII and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill.

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Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041 effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, 1983; amended at 7 Ill. Reg. 8264, effective July 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill.

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Reg. 14747; amended (by adding sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987 for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867, effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 12 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective July 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendments at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 18872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective

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January 1, 1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14 Ill. Reg. 7637, effective May 10, 1990; amended at 14 Ill. Reg. 10396, effective June 20, 1990; amended at 14 Ill. Reg. 13227, effective August 6, 1990; amended at 14 Ill. Reg. 14814, effective September 3, 1990; amended at 14 Ill. Reg. 17004, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5302, effective April 1, 1991; amended at 15 Ill. Reg. 10101, effective June 24, 1991; amended at 15 Ill. Reg. 11973, effective August 12, 1991; amended at 15 Ill. Reg. 12747, effective August 16, 1991; amended at 15 Ill. Reg. 14105, effective September 11, 1991; amended at 15 Ill. Reg. 14240, effective September 23, 1991; amended at 16 Ill. Reg. 139, effective December 24, 1991; amended at 16 Ill. Reg. 1862, effective January 20, 1992; amended at 16 Ill. Reg. 10034, effective June 15, 1992; amended at 16 Ill. Reg. 11582, effective July 15, 1992; amended at 16 Ill. Reg. 17290, effective November 3, 1992; amended at 17 Ill. Reg. 1102, effective January 15, 1993; amended at 17 Ill. Reg. 6827, effective April 21, 1993; amended at 17 Ill. Reg. 10402, effective June 28, 1993; amended at 18 Ill. Reg. 2051, effective January 21, 1994; amended at 18 Ill. Reg. 5934, effective April 1, 1994; amended at 18 Ill. Reg. 8718, effective June 1, 1994; amended at 18 Ill. Reg. 11231, effective July 1, 1994; amended at 19 Ill. Reg. 2905, effective February 27, 1995; emergency amendment at 19 Ill. Reg. 9280; effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 11931, effective August 11, 1995; amended at 19 Ill. Reg. 15079, effective OCT 17 1995.

SUBPART H: MEDICAL ASSISTANCE - NO GRANT

Section 120.379 ~~Assessment of Assets~~ Provisions for the Prevention of Spousal Impoverishment

~~Provisions for the assessment of assets applies only to a resident of a long term care facility whose spouse resides in the community.~~

a) The provisions for the prevention of spousal impoverishment apply only to a resident of a long term care facility whose spouse resides in the community and to a person who but for the provision of home and community-based services under Section 4.02 of the Illinois Act on the Aging would require the level of care provided in a long term care facility and whose spouse resides in the community.

b) An assessment is completed to determine the total combined amount of nonexempt ~~non-exempt~~ assets of the individual ~~resident~~ and his or her ~~his/her~~ community spouse:

1) when residence ~~resident~~ begins in a long term care facility or when home and community-based services begin; and

2) when requested by either spouse or a representative acting on behalf of either spouse, even if an application for assistance has not been filed.

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c) ~~b)~~ A re-assessment ~~An assessment~~ is not required if ~~a resident of a long term care facility~~:

1) a resident of a long term care facility is discharged for a period of less than 30 days and then reenters the facility; ~~or~~

2) a resident of a long term care facility enters a hospital and then returns to the facility from the hospital~~.~~;

3) an individual discontinues receiving home and community-based services for a period of less than 30 days; or

4) an individual discontinues receiving home and community-based services due to hospitalization and then is discharged and begins to receive home and community-based services.

d) The transfer of property is allowed, as determined in subsection (b) of this Section, by the client to the community spouse or to another individual for the sole benefit of the community spouse in an amount that does not exceed the Community Spouse Asset Allowance. The Community Spouse Asset Allowance, as of October 1, 1989, is an amount up to but not greater than $60,000 that the individual may transfer, without affecting eligibility, to the community spouse or to another individual for the sole benefit of the community spouse. As of October 1, 1989, the amount of assets an individual may transfer to his or her community spouse is $60,000 minus any nonexempt assets of the community spouse. The amount established as the Community Spouse Asset Allowance shall be provided for calendar years after 1989 by the Department of Health and Human Services. The Community Spouse Asset Allowance is subject to the following qualifiers:

1) The amount of assets sufficient to provide for (the amount of income generated) the Community Spouse Maintenance Needs Allowance (as described in subsection (e) of this Section) as determined by a fair hearing; or

2) The amount transferred under a court order to the community spouse.

e) Deductions are allowed from the MANG client's non-SSI income for a Community Spouse Maintenance Needs Allowance and a Family Maintenance Needs Allowance for each dependent family member who is living with the community spouse and who does not have enough income to meet his or her needs. Family members include dependent children under age 21, dependent adult children, dependent parents or dependent siblings of either spouse. The amount of the deduction is determined as follows:

1) The deduction for the Community Spouse Maintenance Needs Allowance, as of October 1, 1989, is equal to the community spouse maintenance needs standard ($1,500) less any nonexempt monthly income of the community spouse. The amount established as the community spouse maintenance needs standard shall be provided for calendar years after 1989 by the Department of Health and Human Services. The deduction is allowed only to the extent the income of the individual is contributed to the community spouse. However, the deduction for the Community

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Spouse Maintenance Needs Allowance shall not be less than the amount ordered by the court for support of the community spouse or the amount determined as the result of the fair hearing.

2) The deduction for the Family Maintenance Needs Allowance for each dependent family member is equal to one-third of the difference between the family maintenance needs standard (122% of the Federal Poverty Level for two persons as of September 30, 1989, 133% as of July 1, 1991 and 150% as of July 1, 1992) and any nonexempt income of the family member.

(Source: Amended at 19 Ill. Reg. 15079, effective OCT 17 1995)

Section 120.386 Property Transfers Occurring On or Before August 10, 1993

a) Applicability

1) The provisions for the transfer of property (for example, assets) in this Section only apply to institutionalized persons when the transfer occurs on or before August 10, 1993. An institutionalized person is defined as a resident ~~residents~~ of a long term care facility, including a resident who was living in the community at the time of the transfer, and to individuals who but for the provision of home and community-based services under Section 4.02 of the Illinois Act on the Aging would require the level of care in a long term care facility. An institutionalized person also includes an individual receiving home and community-based services under Section 4.02 of the Illinois Act on the Aging who was not receiving these services at the time of the transfer ~~facilities--who--apply--for--Medicaid--on-or-after October-1,-1989,-regardless-of-the-date-of-the--transfer--and--to residents--whose--application--for--Medicaid--is--filed--prior-to October-1,-1989,-if-the-transfer-occurs-on-or--after--October--1, 1989~~.

2) Transfers of property disregarded as a result of payments made by a Long Term Care Partnership Insurance Policy (as described in 50 Ill. Adm. Code 2018) are not subject to the provisions of subsection (b), (c), and (d) of this Section.

3) The provisions for the transfer of property (for example, assets) in this Section apply to the transfer of property by the institutionalized person's ~~a-resident's~~ spouse ~~when-the-resident applies--for--Medicaid--on-or-after-June-1,-1991,-if-the-transfer occurs-on-or-after-December-20,-1989,-and-to-a-resident's--spouse when--the--resident's--application-for-Medicaid-is-filed-prior-to June-1,-1991,-if-the-transfer-occurs-on-or-after-June-1,-1991~~ in the same manner as if the institutionalized person transferred the property.

~~4) The-provisions-for-the-transfer-of-property-(for-example,-assets) in-this-Section-do-not-apply-to--eligibility--determinations--for~~

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~~individuals-who-reside-in-the-community.~~

b) A transfer of assets occurs when an institutionalized person or an institutionalized person's ~~a-resident-of-a-long-term-care-facility--or the--resident's~~ spouse buys, sells or gives away real or personal property or changes (for example, change from joint tenancy to tenancy in common) the way property is held. Changing ownership of property to a life estate interest is an asset transfer (the value of the life estate and remainder interest is determined as described in Section 120.380 and 89 Ill. Adm. Code 113.140). A transfer occurs when an action or actions are taken which would cause an asset or assets not to be received (for example, waiving the right to receive an inheritance).

c) A transfer is allowable if:

1) the transfer occurred more than 30 months before the date of application or more than 30 months before entry into the long term care facility or more than 30 months before receipt of services provided by the Illinois Department on Aging under the In-Home Care Program (as described in Section 140.643);

2) ~~the--transfer,--by--the--resident's--spouse,--occurred--prior--to December-20,-1989;~~

~~3)~~ a fair market value was received. Fair market value is the price that an article or piece of property might be expected to bring if offered for sale in a fair market. Fair market value is determined by statements obtained from institutions, community members, etc. (for example, bankers, jewelers, reputable realtors, etc.) recognized as having knowledge of property values;

3) ~~4)~~ homestead property was transferred to:

A) a spouse;

B) the individual's child who is under age 21;

C) the individual's child who is blind or permanently and totally disabled;

D) the individual's brother or sister who has an equity interest in the homestead property and who was residing in the home for at least one year immediately prior to the date the individual became institutionalized ~~entered--the facility~~; or

E) the individual's child who provided care for the individual and who was residing in the homestead property for two years immediately prior to the date the individual became institutionalized ~~entered-the-facility~~;

4) ~~5)~~ the ~~The~~ transfer by the institutionalized person ~~resident~~ was to the community spouse or to another individual for the sole benefit of the community spouse and the amount transferred does not exceed the Community Spouse Asset Allowance (as described in Section 120.379); ~~The--Community-Spouse-Asset-Allowance,-as-of October-1,-1989,-is-an-amount-up-to-but-not-greater-than--$60,000 that-the-resident-may-transfer,-without-affecting-eligibility,-to~~

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~~the--community--spouse--or--to--another--individual--for-the-sole benefit-of-the-community-spouse.--As--of--October--1,--1989,--the amount--of-assets-a-resident-may-transfer-to-his-or-her-community spouse-is-$60,000-minus-any-non-exempt-assets--of--the--community spouse.---The--amount--established--as-the-Community-Spouse-Asset Allowance-shall-be-increased-for-calendar-years-after-1989-by-the same-percentage-as-the-percentage-increase-in-the-consumer--price index--for--all--urban--consumers.----The--Community-Spouse-Asset Allowance-is-subject-to-the-following-qualifiers:~~

~~A) The-amount-of-assets-sufficient-to-provide--(the--amount--of income--generated)--the--Community--Spouse-Maintenance-Needs Allowance-(as-described-in-Section-120.61)-as-determined--by a-fair-hearing;-or~~

~~B) The--amount-transferred-under-a-court-order-to-the-community spouse;~~

5)~~6)~~ the transfer was to the individual's child who is blind or permanently and totally disabled or to another person for the sole benefit of the individual's child;

6)~~7)~~ the individual intended to transfer the assets for fair market value;

7)~~8)~~ it is determined that denial of assistance would create an undue hardship. Examples of undue hardship include, but are not limited to, situations in which:

A) the individual ~~resident~~ is mentally unable to explain how the assets were transferred;

B) the denial of assistance would force the resident to move from the long term care facility; or

C) the individual would be prohibited from joining a spouse in a facility or would prohibit the individual from entering a facility that is within close proximity to his/her family;

8)~~9)~~ the transfer was made exclusively for a reason other than to qualify for assistance. A transfer for less than fair market value is presumed to have been made to qualify for assistance unless a satisfactory showing is made to the Department that the client or spouse transferred the asset exclusively for a reason other than to qualify for assistance;

9)~~10)~~ the transfer by the individual ~~resident~~ was to the community spouse and was the result of a court order; or

10)~~11)~~ the transfer was to an annuity and the expected return on the annuity is commensurate with the estimated life expectancy of the person. In determining the estimated life expectancy of the person, the Department shall use the life expectancy table described in Section 120.Table B.

d) If a transfer or transfers do not meet the provisions of subsection (c), the client ~~resident~~ is subject to a period of ineligibility for long term care services and for services provided by the Illinois Department on Aging under the In-Home Care Program (as described in Section 140.643). The penalty period is determined in accordance with subsection (e). If otherwise eligible, clients ~~residents~~ remain entitled to other covered medical services.

e) A separate penalty period is determined for each month in which a transfer or transfers do not meet the provisions of subsection (c). Each penalty period is the lesser of the number of months the total uncompensated amount of the transferred assets would meet the monthly cost of long term care at the ~~(private rate)--at--the--facility~~ or 30 months.

f) The penalty period begins with the month of the transfer or transfers unless the transfer or transfers occurred during a previous penalty period. If so, the penalty period begins with the month following the month the previous penalty period ends. However, the penalty period cannot exceed 30 months from the month of the transfer or transfers.

(Source: Amended at 19 Ill. Reg. 15079, effective OCT 17 1995)

Section 120.387 Property Transfers Occurring On or After August 11, 1993

a) The provisions for the transfer of property (for example, assets) listed below only apply to institutionalized persons ~~residents--of--long term-care-facilities,-including--residents--who--were--living--in--the community--at-the-time-of-the-transfer,~~ when the transfer occurs on or after August 11, 1993. An institutionalized person is defined as a resident of a long term care facility, including a resident who was living in the community at the time of the transfer, and to individuals who but for the provision of home and community-based services under Section 4.02 of the Illinois Act on the Aging would require the level of care in a long term care facility. An institutionalized person also includes an individual receiving home and community-based services under Section 4.02 of the Illinois Act on Aging who was not receiving these services at the time of the transfer.

b) The provisions for the transfer of property (for example, assets) listed below apply to the transfer of property by the institutionalized person's ~~resident's~~ spouse in the same manner as if the institutionalized person ~~resident~~ transferred the property.

c) Transfers of property disregarded as a result of payments made by a Long Term Care Partnership Insurance Policy (as described in 50 Ill. Adm. Code 2018) are not subject to the provisions of this Section. ~~The provisions--for--the-transfer-of-property-(for-example,-assets)-listed below-do-not-apply--to--eligibility--determinations--for--persons--who reside-in-the-community.~~

d) A transfer of assets occurs when an institutionalized person or an institutionalized person's ~~a-resident-of-a-long-term-care-facility--or the--resident's~~ spouse buys, sells or gives away real or personal property or changes (for example, change from joint tenancy to tenancy in common) the way property is held. Changing ownership of property

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to a life estate interest is an asset transfer (the value of the life estate and remainder interest is determined as described at Section 120.380 and 89 Ill. Adm. Code 113.140). For assets held in joint tenancy, tenancy in common or similar arrangement, a transfer occurs when an action by any person reduces or eliminates the person's ownership or control of the asset. A transfer occurs when an action or actions are taken which would cause an asset or assets not to be received (for example, waiving the right to receive an inheritance).

e) A transfer is allowable if:

1) depending on the property transferred, the transfer occurred more than either 60 or 36 months before the date of application, or more than either 60 or 36 months before entry into a long term care facility or more than either 60 or 36 months before receipt of services provided by the Illinois Department on Aging under the In-Home Care Program (as described in Section 140.643);

A) the 60 month period applies to payments from a revocable trust that are not treated as income (as described in Section 120.347) and to portions of an irrevocable trust from which no payments could be made (as described in Section 120.347);

B) the 36 month period applies to payments from an irrevocable trust that are not treated as income (as described in Section 120.347) and to any other property transfers not identified in this subsection.

2) a fair market value was received. Fair market value is the price that an article or piece of property might be expected to bring if offered for sale in a fair market. Fair market value is determined by statements obtained from institutions, community members, etc. (for example, bankers, jewelers, reputable realtors, etc.) recognized as having knowledge of property values.

3) homestead property was transferred to:

A) a spouse;

B) the person's child who is under age 21;

C) the person's child who is blind (as described in Section 120.313) or disabled (as described in Section 120.314);

D) the person's brother or sister who has an equity interest in the homestead property and who was residing in the home for at least one year immediately prior to the date the person became institutionalized ~~entered the facility~~; or

E) the person's child who provided care for the person and who was residing in the homestead property for two years immediately prior to the date the person became institutionalized ~~entered the facility~~.

4) the transfer by the institutionalized person ~~resident~~ was to the community spouse or to another person for the sole benefit of the community spouse and the amount transferred does not exceed the Community Spouse Asset Allowance (as described in Section

120.379). ~~The Community Spouse Asset Allowance, as of October 1, 1989, is an amount up to but not greater than $60,000 that the resident may transfer, without affecting eligibility, to the community spouse or to another individual for the sole benefit of the community spouse. As of October 1, 1989, the amount of assets a resident may transfer to his or her community spouse is $60,000 minus any nonexempt assets of the community spouse. The amount established as the Community Spouse Asset Allowance shall be increased for calendar years after 1989 by the same percentage as the percentage increase in the consumer price index for all urban consumers. The Community Spouse Asset Allowance is subject to the following qualifiers:~~

~~A) The amount of assets sufficient to provide (the amount of income generated) the Community Spouse Maintenance Needs Allowance (as described in Section 120.61) as determined by a fair hearing; or~~

~~B) The amount transferred under a court order to the community spouse;~~

5) the transfer from the community spouse was to another person for the sole benefit of the community spouse; ~~or~~.

6) the transfer was to the person's child or to a trust established solely for the benefit of the person's child who is blind (as described in Section 120.313) or disabled (as described in Section 120.314) or to another person for the sole benefit of the person's child.

7) the transfer was to a trust established solely for the benefit of a person under age 65 who is disabled (as described in Section 120.314).

8) the person intended to transfer the assets for fair market value.

9) it is determined that denial of assistance would create an undue hardship. Examples of undue hardship include, but are not limited to, situations in which:

A) the individual ~~resident~~ is mentally unable to explain how the assets were transferred;

B) the denial of assistance would force the resident to move from the long term care facility; or

C) the individual would be prohibited from joining a spouse in a facility or would prohibit the individual from entering a facility that is within close proximity to his or her family.

10) the transfer was made exclusively for a reason other than to qualify for assistance. A transfer for less than fair market value is presumed to have been made to qualify for assistance unless a satisfactory showing is made to the Department that the client or spouse transferred the asset exclusively for a reason other than to qualify for assistance.

11) the transfer by the client ~~resident~~ was to the community spouse and was the result of a court order.

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12) the assets transferred for less than fair market value have been returned to the person.

13) the transfer was to an annuity and the expected return on the annuity is commensurate with the estimated life expectancy of the person. In determining the estimated life expectancy of the person, the Department shall use the life expectancy table described in Section 120.Table B.

f) If a transfer or transfers do not meet the provisions of subsection (e), the client ~~resident~~ is subject to a period of ineligibility for long term care services and for services provided by the Illinois Department on Aging under the In-Home Care Program (as described in Section 140.643). The penalty period is determined in accordance with subsection (g). If otherwise eligible, clients ~~residents~~ remain entitled to other covered medical services.

g) A separate penalty period is determined for each month in which a transfer or transfers do not meet the provisions of subsection (e). Each penalty period is the number of months equal to the total uncompensated amount of assets transferred during a month divided by the monthly cost of long term care at the ~~(~~private rate~~)--at--the facility~~.

h) The penalty period begins with the month of the transfer or transfers unless the transfer or transfers occurred during a previous penalty period. If so, the penalty period begins with the month following the month the previous penalty period ends.

i) For transfers by the community spouse that result in a penalty period ~~of--ineligibility--for--long--term--care--services~~ as described in subsection (g) and the community spouse becomes an institutionalized person ~~enters-a-long-term--care--facility~~ and is ~~becomes~~ otherwise eligible for assistance, the Department shall divide any remaining penalty period ~~of-ineligibility-for-long-term--care--services~~ equally between the spouses.

(Source: Amended at 19 Ill. Reg. 15079, effective OCT 17 1995)

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Data Collection

2) Code Citation: 77 Ill. Adm. Code 2510

3) Section Numbers: Proposed Action:

Appendix A Amendment

4) Statutory Authority: Section 2-3 of Article II and Section 4-2 of the Illinois Health Finance Reform Act [20 ILCS 2215/2-3 and 4-2].

5) Effective Date of Amendment: October 11, 1995

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which they expire: This emergency rulemaking will not expire before the end of the 150-day period.

7) Date Filed in Agency's Principal Office: October 11, 1995

8) Reason for Emergency: An error in Appendix A, amended at 19 Ill. Reg. 9113, effective June 23, 1995, was not discovered during the review period. The error, defining a data element incorrectly, must be corrected as soon as possible to avoid confusion on the part of hospitals providing this data.

9) A Complete Description of the Subjects and Issues Involved: The Illinois Health Care Cost Containment Council (IHCCCC) is mandated by law to collect key specific financial data elements from Illinois hospitals. These rules were amended on June 23, 1995, but an error was discovered in the amendment in September 1995. Under Patient Care Revenues, item 13 and items 14 and 15 are being changed to reflect corrections in punctuation.

10) Are there any proposed amendments to this Part Pending? Yes

11) Statement of Statewide Policy Objectives: This rulemaking does not place mandates on local government.

12) Information and questions regarding these amendments shall be directed to:

Name: Britt Hagen, Deputy Executive Director
Address: Illinois Health Care Cost Containment Council
4500 South Sixth Street Road, Suite 215
Springfield, Illinois 62703-5118
Telephone: 217/786-7001

The full text of the emergency amendments begins on the next page:

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF EMERGENCY AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER XI: ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

PART 2510
DATA COLLECTION

Section
2510.10 Purpose
2510.20 Outside Contractor
2510.30 Collection and Submission of Hospital Financial Data
2510.40 Submission of Medicaid Cost Reports
2510.50 Collection of Information on Uniform Billing Form
2510.55 Report of Inpatient Discharges
2510.60 Quarterly Reports
2510.70 Special Studies and Analysis
2510.80 Confidentiality
2510.85 Format of the Financial Data Report
2510.90 Hospital Review
APPENDIX A Illinois Health Care Cost Containment Council Annual Financial Data Report
EMERGENCY
APPENDIX B UB-82 Magnetic Media Record Format
APPENDIX C UB-82 Uniform Bill Data Fields
APPENDIX D UB-92 Magnetic Media Record Format
APPENDIX E UB-92 Uniform Bill Data Fields

AUTHORITY: Implementing Article IV and authorized by Section 2-3 of Article II of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. IV and 2-3].

SOURCE: Adopted and codified at 9 Ill. Reg. 12726, effective August 5, 1985; amended at 10 Ill. Reg. 18790, effective October 17, 1986; amended at 11 Ill. Reg. 1574, effective January 2, 1987; amended at 12 Ill. Reg. 6102, effective March 21, 1988; amended at 13 Ill. Reg. 334, effective December 30, 1988; amended at 14 Ill. Reg. 2078, effective January 19, 1990; amended at 16 Ill. Reg. 8980, effective June 3, 1992; emergency amendment at 16 Ill. Reg. 19210, effective November 25, 1992, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 2031, effective January 29, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 9700, effective June 10, 1993; amended at 17 Ill. Reg. 9896, effective June 10, 1993; emergency amendment at 17 Ill. Reg. 14112, effective August 10, 1993, for a maximum of 150 days; emergency expired on January 7, 1994; amended at 18 Ill. Reg. 5300, effective March 21, 1994; emergency amendment at 18 Ill. Reg. 14809, effective September 12, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16810, effective November 4, 1994; amended at 19 Ill. Reg. 1825, effective February 6, 1995; amended at 19 Ill. Reg. 9113, effective June 23, 1995; emergency amendment at 19 Ill. Reg. 15097, effective OCT 11 1995, for a maximum of 150 days.

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Section 2510.APPENDIX A Illinois Health Care Cost Containment Council Annual Financial Data Report
EMERGENCY

At a minimum, hospitals or their agents will submit the following data elements to the Council or its Agent on the electronic or hard copy instrument designated:

OPERATING REVENUES

1) Net patient service revenue - The estimated net realizable amounts from patients, third party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers.
2) Other revenue - Revenue from services other than health care provided to patients, sales and services to non-patients and operations restricted contributions; including, but not limited to, the following: (i) tax appropriations that include all revenue received from local taxing bodies (e.g., city, township, county, district) which are designed for hospital operations; (ii) contributions (operations restricted) received from endowments, grants, etc., which are restricted and support operating expenditures of the hospital if the costs associated with them are included in operating expenses; and (iii) all other revenue generated from non-patient sources that are of an operating nature (i.e., cafeteria, parking lot, etc.) and operating gains.
3) Total operating revenue - The total of net patient service revenue and other revenue (i.e., the sum of items 1 and 2).

OPERATING EXPENSES

4) Bad debt expense - Amounts deemed uncollectible primarily because of a patient's unwillingness to pay as determined after collection efforts.
5) Total operating expenses - The sum of the following: (i) salary and wages; (ii) employee fringe benefits; (iii) professional medical fees paid to professionals for medical services; (iv) depreciation expense based on historical costs; (v) interest expense; (vi) drugs, films, solutions and medical care supplies; (vii) utility expense for fuel, water, heat, light, power and telephone service; (viii) malpractice insurance expense excluding general liability insurance or contributions to a self-insurance fund for professional liability; (ix) bad debt expense; and (x) all other operating expenses.

NON-OPERATING GAINS/LOSSES

6) Total non-operating gains - The classification of activities as non-operating depends on the individual health care provider. In general, activities generate non-operating gains to the extent that

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they result from a provider's peripheral or incidental transactions and from other events stemming from the environment that may be largely beyond the control of the provider and its management. Non-operating gains include, but are not limited to, the following: (i) investment income, such as funded depreciation, contributions and endowments; (ii) all contributions, gifts and bequests which are not non-restricted; and (iii) all other non-operating gains, including extraordinary gains, that are not a result of investments or contributions.

7) Total non-operating losses - All losses that are classified as non-operating to the extent that they result from a provider's peripheral or incidental transactions and from other events stemming from the environment that may be largely beyond the control of the provider and its management.

PATIENT CARE REVENUES

8) Gross inpatient revenue - Full hospital charges to inpatients for hospital services before considering any deductions for charity care or contractual allowances, including, but not limited to, the following: (i) revenue derived from the daily room charge for inpatient services such as room, board and nursing care in routine areas (e.g., medical, surgical, pediatrics, rehabilitative, etc.) and special care units (e.g., intensive care, coronary care, burn units, neonatal intensive care); and (ii) revenue derived from ancillary inpatient hospital services such as lab, x-ray, cardiology.
9) Gross outpatient revenue - Hospital services revenue derived from non-inpatient activities, including, but not limited to, all outpatient, clinic, day surgery, day psychiatric care, emergency room care, etc.
10) Other patient care revenue - Any revenue classified as patient-related which does not belong in the above inpatient or outpatient categories (e.g., home health care, in-home hospice care, etc.).
11) Total patient revenue - Any revenue that constitutes "total gross patient revenue" as defined in item 12 below.
12) Total gross patient care revenue - The total of gross inpatient revenue, gross outpatient revenue and other patient care revenue (i.e., the sum of items 8 through 10).
13) Medicare gross revenue - Full hospital charges derived from Medicare ~~any--other--source~~ including~~,--but--not--limited--to,-Blue-Cross/Blue Shield,-commercial-insurance,--health--maintenance--organizations--and preferred--provider--organizations--for~~ routine and special care, ~~and~~ ancillary and outpatient service revenue~~,~~ before considering any deductions. This figure may be estimated.
14) Medicaid gross revenue - Full hospital charges derived from Medicaid (MAG and MANG), including routine and special care, ~~and~~ ancillary and outpatient service revenue~~,~~ before considering any deductions. This figure may be estimated.

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15) Total other gross revenue - Full hospital charges derived from any other source including, but not limited to, Blue Cross/Blue Shield, commercial insurance, health maintenance organizations and preferred provider organizations for routine and specialized care, ~~and~~ ancillary and outpatient service~~,~~ before considering any deductions. This figure may be estimated.

DEDUCTIONS FROM REVENUE

16) Charity care - These revenue deductions represent the aggregate of the accounts written off when it is determined that a patient is unable to pay. Charity care results from the facility's policy to provide health care services free of charge to individuals who meet certain financial criteria. Do not include costs associated with community benefits or other non-patient related services.
17) Medicare allowance - Revenue deductions incurred in treating Medicare patients. This figure may be estimated.
18) Medicaid allowance - Revenue deductions incurred in treating Medicaid patients. This figure may be estimated.
19) Other contractual allowances - Revenue deductions incurred in treating patients covered by Blue Cross/Blue Shield plans, commercial insurance plans, HMO/PPO contracts or other revenue deductions other than charity care, Medicare allowances and Medicaid allowances. This figure may be estimated.
20) Other allowances - All other deductions from revenue for items such as courtesy allowances, employee discounts, administrative writeoffs, etc.
21) Total deductions - The sum of charity care, Medicare allowances, Medicaid allowances, other contractual allowances and other deductions (i.e., the sum of items 16 through 20.)

ASSETS

22) Operating cash and short-term investments - The total of cash on hand and in banks and (unrestricted) investments estimated to be held no longer than one year.
23) Estimated patient accounts receivable - Patient accounts receivable adjusted for allowances and bad debts.
24) Other current assets - The value of all other current assets.
25) Total current assets - The total current assets of the hospital. This amount should include the sum of operating cash and short-term investments, estimated patient accounts receivable (net of allowances and bad debts) and other current assets (i.e., the sum of items 22 through 24).
26) Total other assets - The sum of (i) the amounts included in the hospital's designated funded depreciation account; (ii) the value of property, plant, and equipment recorded on the hospital's books; (iii) any other unrestricted assets; and (iv) any restricted assets (donor

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or legally restricted only); less accumulated depreciation on fixed assets such as property, plant, and equipment.

27) Total assets - The sum of total current assets and total other assets (i.e., the sum of items 25 and 26).

LIABILITIES AND FUND BALANCES

28) Total current liabilities - The sum of all current liabilities using generally-accepted accounting principles as a guide including, but not limited to, the following: (i) vendor accounts payable (excluding reconciliation payments due to third party payers); (ii) current year's principal payments on long-term debt; and (iii) other current liabilities.

29) Long term debt - Debt whose anticipated maturity (liquidation) is in excess of one year (net of the current maturities).

30) Other liabilities - The value of any other non-current liabilities or deferred revenue.

31) Total liabilities - The sum of total current liabilities, long term debt and other liabilities.

32) Total liabilities and fund balances - The sum of total liabilities (item 31) and all fund balances (equity) of the hospital - including restricted as well as unrestricted funds.

(Source: Emergency amendment at 19 Ill. Reg. 15097, effective OCT 11 1995, for a maximum of 150 days)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

1) Heading of the Part: Pay Plan

2) Code Citation: 80 Ill. Adm. Code 310

3) Section Numbers: Proposed Action:

Appendix A, Table M Amended

4) Reference to the Specific State or Federal Court Order, Federal Rule or Statute Which Requires this Peremptory Rulemaking: Section 1-5(d) of the Illinois Administrative Procedure Act and 5 ILCS 100/1-5(d)

5) Statutory Authority: 20 ILCS 415/8 and 8a.

6) Effective Date: October 12, 1995

7) A Complete Description of the Subjects and Issues Involved: In Table M (RC-110), the Conservation Police Lodge contract has been revised to change the effective date of the previous July 1, 1995 salary ranges to October 1, 1995, with the longevity rates starting after nine years instead of eight years. The remainder of the three year contract for the Conservation Police Officers shall be as follows:

The revised contract stipulates increases of $50.00/per month for January 1, 1996 and January 1, 1997 and a 3% increase for October 1, 1996.

8) Does this rulemaking contain an automatic repeal date? No

9) Date Filed in Agency's Principal Office: October 12, 1995

10) This rule is in compliance with Section 5-50 of the Illinois Administrative Procedure Act. Yes

11) Are there any proposed amendments pending to this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
310.230	Amended	19 Ill. Reg. 11707 (August 18, 1995)
310.290	Amended	19 Ill. Reg. 11707 (August 18, 1995)
310.530	Amended	19 Ill. Reg. 11707 (August 18, 1995)
310.540	Amended	19 Ill. Reg. 11707 (August 18, 1995)
Appendix C	Amended	19 Ill. Reg. 11707 (August 18, 1995)
Appendix D	Amended	19 Ill. Reg. 11707 (August 18, 1995)
Appendix G	Amended	19 Ill. Reg. 11707 (August 18, 1995)
310.30	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.40	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.210	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.280	Amended	19 Ill. Reg. 12365 (September 1, 1995)

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310.320	Amended	19 Ill. Reg. 12365 (September 1, 1995)
Appendix A, Table AA	New	19 Ill. Reg. 12365 (September 1, 1995)
Appendix A, Table J	Amended	19 Ill. Reg. 12365 (September 1, 1995)
Appendix A, Table O	Amended	19 Ill. Reg. 12365 (September 1, 1995)
Appendix A, Table P	Amended	19 Ill. Reg. 12365 (September 1, 1995)

12) Statement of Statewide Policy Objectives: These amendments to the Pay Plan pertain only to State employees subject to the Personnel Code and do not set out any guidelines that are to be followed by local or other jurisdictional bodies within the State.

13) Information and questions regarding this adopted amendment shall be directed to: Within 45 days, comments should be written and addressed to:

Mr. Michael Murphy
Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield, IL 62706
(217) 782-5601

The full text of the Peremptory amendment begins on the next page:

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN

SUBPART A: NARRATIVE

SUBPART B: SCHEDULE OF RATES

SUBPART C: MERIT COMPENSATION SYSTEM

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg 15043, effective September 24, 1985, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; peremptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; peremptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; peremptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; peremptory amendment at 11 Ill. Reg. 4388,

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

effective February 27, 1987; peremptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; peremptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; peremptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; peremptory amendment 11 Ill. Reg. 17919, effective October 19, 1987; peremptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired on November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; peremptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired on February 8, 1991; corrected at 14 Ill. Reg. 16092; peremptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; peremptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; peremptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective OCT 12 1995.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Section 310.APPENDIX A Negotiated Rates of Pay

Section 310.TABLE M BRC-110 (Conservation Police Lodge)

Effective July 1, 1994

	STEPS						
	1	2	3	4	5	6	7
Conservation Police Officer I	2458	2581	2710	2845	2986	3135	3213
Conservation Police Officer II	0000	0000	2839	2974	3115	3199	3389

LONGEVITY BONUS RATES

Conservation Police Officer I

8 Yrs	10 Yrs	14 Yrs	15 Yrs	17.5 Yrs	20 Yrs	21 Yrs	22.5 Yrs	25 Yrs
3368	3535	3535	3636	3816	4011	4011	4011	4209

Conservation Police Officer II

8 Yrs	10 Yrs	14 Yrs	15 Yrs	17.5 Yrs	20 Yrs	21 Yrs	22.5 Yrs	25 Yrs
3420	3586	3586	3758	3939	4132	4184	4382	4592

Effective October 1, 1995 ~~Effective July 1, 1995~~

	STEPS						
	1	2	3	4	5	6	7
Conservation Police Officer I	2532	2658	2791	2930	3076	3229	3309
Conservation Police Officer II	0000	0000	2924	3063	3208	3295	3491

LONGEVITY BONUS RATES

Conservation Police Officer I

9~~8~~ Yrs	10 Yrs	14 Yrs	15 Yrs	17.5 Yrs	20 Yrs	21 Yrs	22.5 Yrs	25 Yrs
3469	3641	3641	3745	3930	4131	4131	4131	4335

Conservation Police Officer II

9~~8~~ Yrs	10 Yrs	14 Yrs	15 Yrs	17.5 Yrs	20 Yrs	21 Yrs	22.5 Yrs	25 Yrs
3523	3694	3694	3871	4057	4256	4310	4513	4730

Effective January 1, 1996

	STEPS						
	1	2	3	4	5	6	7
Conservation Police Officer I	2582	2708	2841	2980	3126	3279	3359
Conservation Police Officer II	0000	0000	2974	3113	3258	3345	3541

LONGEVITY BONUS RATES

Conservation Police Officer I

9 Yrs	10 Yrs	14 Yrs	15 Yrs	17.5 Yrs	20 Yrs	21 Yrs	22.5 Yrs	25 Yrs
3519	3691	3691	3795	3980	4181	4181	4181	4385

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Conservation Police Officer II

9 Yrs	10 Yrs	14 Yrs	15 Yrs	17.5 Yrs	20 Yrs	21 Yrs	22.5 Yrs	25 Yrs
3573	3744	3744	3921	4107	4306	4360	4563	4780

~~Effective July 1, 1996~~

	~~STEPS~~						
	~~1~~	~~2~~	~~3~~	~~4~~	~~5~~	~~6~~	~~7~~
~~Conservation Police Officer I~~	~~2600~~	~~2730~~	~~2875~~	~~3018~~	~~3168~~	~~3326~~	~~3400~~
~~Conservation Police Officer II~~	~~0000~~	~~0000~~	~~3012~~	~~3155~~	~~3304~~	~~3394~~	~~3596~~

~~LONGEVITY BONUS RATES~~

~~Conservation Police Officer I~~

~~8 Yrs~~	~~10 Yrs~~	~~14 Yrs~~	~~15 Yrs~~	~~17.5 Yrs~~	~~20 Yrs~~	~~21 Yrs~~	~~22.5 Yrs~~	~~25 Yrs~~
~~3573~~	~~3750~~	~~3750~~	~~3057~~	~~4040~~	~~4255~~	~~4255~~	~~4255~~	~~4465~~

~~Conservation Police Officer II~~

~~8 Yrs~~	~~10 Yrs~~	~~14 Yrs~~	~~15 Yrs~~	~~17.5 Yrs~~	~~20 Yrs~~	~~21 Yrs~~	~~22.5 Yrs~~	~~25 Yrs~~
~~3629~~	~~3805~~	~~3805~~	~~3987~~	~~4179~~	~~4384~~	~~4439~~	~~4648~~	~~4872~~

Effective October 1, 1996

	STEPS						
	1	2	3	4	5	6	7
Conservation Police Officer I	2659	2789	2926	3069	3220	3377	3460
Conservation Police Officer II	0000	0000	3063	3206	3356	3445	3647

LONGEVITY BONUS RATES

Conservation Police Officer I

9 Yrs	10 Yrs	14 Yrs	15 Yrs	17.5 Yrs	20 Yrs	21 Yrs	22.5 Yrs	25 Yrs
3625	3802	3802	3909	4099	4306	4306	4306	4517

Conservation Police Officer II

9 Yrs	10 Yrs	14 Yrs	15 Yrs	17.5 Yrs	20 Yrs	21 Yrs	22.5 Yrs	25 Yrs
3680	3856	3856	4039	4230	4435	4491	4700	4923

Effective January 1, 1997

	STEPS						
	1	2	3	4	5	6	7
Conservation Police Officer I	2709	2839	2976	3119	3270	3427	3510
Conservation Police Officer II	0000	0000	3113	3256	3406	3495	3697

LONGEVITY BONUS RATES

Conservation Police Officer I

9 Yrs	10 Yrs	14 Yrs	15 Yrs	17.5 Yrs	20 Yrs	21 Yrs	22.5 Yrs	25 Yrs
3675	3852	3852	3959	4149	4356	4356	4356	4567

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Conservation Police Officer II

9 Yrs	10 Yrs	14 Yrs	15 Yrs	17.5 Yrs	20 Yrs	21 Yrs	22.5 Yrs	25 Yrs
3730	3906	3906	4089	4280	4485	4541	4750	4973

(Source: Peremptory amendment at 19 Ill. Reg. 15103 effective OCT 12 1995)

DEPARTMENT OF PUBLIC AID

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part: Medical Assistance Programs, Medical Payment

2) Code Citation: 89 Ill. Adm. Code 120 and 140

3) Register Citation to Notices of Proposed Amendments: August 25, 1995
(19 Ill. Reg. 12192 and 12210)

4) Date, Time and Location of Public Hearings:

Monday, November 13, 1995
9:00 a.m. to 12:00 Noon
Old State of Illinois Building
160 N. LaSalle, Room N-502
Chicago, Illinois

5) Other Pertinent Information:

Purpose of Public Hearing. This hearing regards the Department's proposed amendments to eliminate certain medical coverage for ineligible non-citizens. Ineligible non-citizens are not eligible for most medical coverage under the Department's programs in accordance with current Federal law on citizenship and alienage requirements. However, currently, children born October 1, 1983, or later, and pregnant women who do not qualify as mandatorily categorically needy may qualify under what is known as the MANG-P program, despite not meeting the citizenship and alienage requirements of 42 CFR 435.406 and 435.408 and 89 Ill. Adm. Code 120.310. The Federal Department of Health and Human Services has informed the Department that this current policy does not conform with Federal law and could result in improper claiming of Federal Financial Participation (FFP). The Department therefore proposed these amendments in order to conform to Federal requirements. The proposed amendments would apply the same citizenship and alienage requirements of other Department medical programs to the MANG-P program. Several commentors have objected to these proposed amendments and have requested a public hearing.

Conduct of Hearing. The Department will adhere to the following proceduresin the conduct of the hearing:

1. Individuals will be recognized to present testimony in the order in which their witness slips are received by the Department at the hearing.

2. Individuals presenting oral testimony may provide a written copy of their testimony. A written copy of the testimony is not required.

3. Limits on the length of testimony of each individual may be imposed based on the number of individuals who wish to present testimony at the hearing.

DEPARTMENT OF PUBLIC AID

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

4. No person will be recognized to speak for a second time until all persons wishing to testify have done so.

5. All testimony will conclude at the time specified for the end of the hearing. An individual presenting testimony at that time will be allowed a reasonable time to complete the presentation.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of October 10, 1995 through October 16, 1995 and have been scheduled for review by the Committee at its November 14, 1995 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield, IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
11/23/95	Department of Public Aid, Medical Assistance Programs (89 Ill Adm Code 120)	6/30/95 19 Ill Reg 8512	11/14/95
11/24/95	Illinois Commerce Commission, Waiver of Filing and Approval of Certain Sales, Leases and Mortgages (General Order 175) (83 Ill Adm Code 105)	12/16/94 18 Ill Reg 17801	11/14/95
11/26/95	Commissioner of Savings and Residential Finance, Real Estate License Act of 1983 (68 Ill Adm Code 1450)	8/18/95 19 Ill Reg 11770	11/14/95
11/29/95	Illinois Commerce Commission, Telecommunications Access for the Hearing and Voice Impaired (83 Ill Adm Code 755)	7/28/95 19 Ill Reg 10888	11/14/95
11/29/95	Department on Aging, Community Care Program (89 Ill Adm Code 240)	2/17/95 19 Ill Reg 1363	11/14/95
11/29/95	Department of Aging, Community Care Program (89 Ill Adm Code 240)	7/14/95 19 Ill Reg 9362	11/14/95

Rules acted upon during the quarter of October 1 through December 31, 1995 are listed in the Issues Index by Title number, Part number and Issue number. For example, 44 Ill. Adm. Code 655 published in Issue 42 will be listed as 44-655-42. This Issues Index supplements the Sections Affected and Cumulative Indexes published in the October 13, 1995 Illinois Register (Issue 41). Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-7017.

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